



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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To: Maine EMS Providers & Other Interested Parties
From: Maine EMS
Subject: Draft – Maine EMS Rules Changes Rules - Informal Review

Date: June 4, 2015

The Maine Emergency Medical Services (EMS) Board asks for your help in an informal review of the proposed Rules changes. Please review the attached drafts rules and send us your written comments by July 15, 2015.

Included with this memo is a summary and rationale document along with a copy of the draft Rules. The draft Rules have line numbers to the left of each page to facilitate referencing of a given Rules change. And, the summary and rationale document includes line number hyperlinks to make navigation easier as well as a “Return to Summary” link on the top right hand corner of each page.

You may email your comments to maine.ems@maine.gov – subject line: *Proposed Rules* or send them via US Postal service to Maine EMS at 152 State House Station, Augusta, ME 04333-0152. Please reference your comments with the line number to the left of the proposed change.

The Board is conducting the informal Rules review – as it has for past Rules changes – to help identify issues and improvements prior to submitting the proposals to the formal rulemaking process. The Board will consider all comments submitted during the informal review, at its August 5, 2015 meeting, and, once the final language of the proposed Rules has been approved by the Board, it will enter the formal rulemaking process. Hearings will be held during formal rulemaking to provide another opportunity for comments.

Thanks for taking the time to review and comment on the proposed Rules.

Maine EMS Rules Change 2015

Preliminary (DRAFT) Rules Summary & Rationale

Change #	Line # (Start)	Citation	Rule Change	Explanation/Rationale
1	222	C2 §16(4)	Add “Maine EMS” Approved	Allows only students from MEMS-approved courses to do field internship with a Maine service.
2	588	C3 §5 (1)(C)(8)	Adds Training Officer Requirement	Adds training officer as a required position within an EMS service.
3	752	C3 §9	Add “within 24 hours”	Changes 1 business day to 24 hours to ensure timely submission of run report.
4	770	C3 §11(2)	Remove pro-rated vehicle license fee for vehicles	Required to streamline vehicle license process
5	775	C3 §11(3)	Removes Outdated Language	
6	793	C3 §11.6	Remove pro-rated vehicle license fee for vehicles	Required to streamline vehicle license process
7	852	C3 §12.C.3(C)	Adds motor vehicle operator’s	Clarifies license type
8	863	C3 §12.C.3(F)	Adds service name requirements to EMS vehicles	Places same requirements on EMS vehicles as ambulances for service name on each side of vehicle
9	869	C3 §12.3.H	Moved from other Rules area	Moved from other Rules area to EMS Vehicles section.
10	975	C3 §14 B&C	Require ALS equipment on all responding ambulances whether licensed or permitted.	Would require permitted ambulance services to have complete ALS equipment for all ambulances responding to emergency medical calls
11	984	C3 §15	Remove “Ground Ambulance or EMS Vehicle” from title	Remove unnecessary language
12	1003	C3 §15.3	Deleted – moved to EMS vehicle section	
13	1037	C3 §18	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
14	1124 1134	C3-A §4.3 &4	Adds requirement for EMD software	Would require all EMD centers to have electronic version of EMD and EMD QA software.
15	1185	C3-A §6.2	Require notification of personnel via online system`	Move to direct personnel add/drop by EMD Centers using Maine EMS eLicensing.
16	1204	C3-A §8	Add certification requirement of EMD-Q case reviewers to Rules	EMD Quality Assurance Case Reviewers (EMD-Qs) are required to be certified by the Emergency Medical Dispatch Priority Reference System (EMDPRS). Change

6/04/2015

Change #	Line # (Start)	Citation	Rule Change	Explanation/Rationale
				moves it to Rules
17	1233	C3-A §11	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
18	1470	C4 §5.1.C.3	Remove “Part 135”	Air Ambulance Services may be regulated by several sections of the Federal Aviation Regulations
19	1621	C4 §6.3.D	Remove CAMTS reference	There are multiple accrediting entities for air ambulance services
20	1737	C4 §9	Change to “within 24 hours	Changes 1 business day to 24 hours to ensure timely submission of run report.
21	1754	C4 §11.2	Remove Pro rated vehicle fees	Required to streamline vehicle license process
22	1770	C4 §11.5	Remove Pro rated vehicle fees	Required to streamline vehicle license process
23	2036	C4 §16	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
24	2082	C5 §1.2	Remove Ambulance Attendant reference	AA removed as license level on 12/1/2014
25	2205	C5 §3	Change to “within 24 hours	Changes 1 business day to 24 hours to ensure timely submission of run report.
26	2208	C5 §4	Change to two year provider license on May 1, 2019	Changes licensing period to a two-year license consistent with National Continuing Competency Requirements.
27	2224	C5 §5.2	References two year provider license	Changes licensing period to a two-year license consistent with National Continuing Competency Requirements.
28	2387	C5 §5(C)(2)(f)	Change Continuing Education language to mirror National Continuing Competency Requirements.	National Continuing Competency Requirements (NCCR) combines national and state/local education with a mechanism for evaluating psychomotor competency. NCCR is based upon a two-year education cycle.
29	2512	C5 §5(5)(C)(3)(4)(5) &(6)	Add continuing education audit rules	Adds continuing education audit rules for license renewals
30	2557	C5 §5(D)(2)	Add two-window to complete initial cognitive and practical testing	Adds the requirement for initial license testing within two years of course completion.
31	2587	C5 §5(D)(4)	Change “three year” to “licensing period	Revises language to accommodate licensing period change from three to two years.
32	2596	C5 §5(E)	Add Continued Competency Verification	Add the competency verification language, consistent with National Continuing Competency Requirements
33	2653	C5 §7	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change

6/04/2015

Change #	Line # (Start)	Citation	Rule Change	Explanation/Rationale
34	2724	C5-A §4	Adds “up to”	Allows issuance of an EMD license for “up to” twenty-seven months.
35	2797	C 5-A §7	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
36	2820 2825	C6	Removed “Advanced”	Removes “advanced” reference to Chapter 6, so that chapter applies to all levels using medications.
37	2945	C8 §1.B	Remove Ambulance Attendant Language	Removes Ambulance Attendant (AA) from training courses. AA is no longer a license level.
38	3170	C 8 §7	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
39	3291	C 9 §5	Add Requirements for Licensee Reporting	Added language reflects 2015 Maine EMS statute change
40	3357	C9-A §3.4, 5, & 6	Remove Maine EMD CEH requirements	Maine license is now based upon current IAED certification, not Maine CEH
41	3590	C11 §46	Add “Inaccurate recording of material information, or falsifying or improperly altering an emergency medical dispatch record	New language added to clarify emergency medical dispatch related violations.
42	3593	C 11 §47	Add “Acting negligently or neglectfully in the provision of emergency medical dispatch services to a caller or patient”	New language added to clarify emergency medical dispatch related violations.
43	3596	C 11, §48	Add “Acting negligently or neglectfully in conducting an Emergency Medical Dispatch Center.”	New language added to clarify emergency medical dispatch related violations.
44	3599	C 11 §49	Add “Providing emergency medical dispatch services when not licensed to do so.”	New language added to clarify emergency medical dispatch related violations.
45	3601	C 11 §50	Add “Abandonment or neglect of a patient or caller requiring emergency medical dispatch services.”	New language added to clarify emergency medical dispatch related violations.
46	3604	C 11 §51	Add “Aiding or Abetting.”	New language added to clarify emergency medical dispatch related violations.
47	3607	C 11 §52	Add “Failing to participate in Maine EMS approved quality assurance activities”.	Language consistent with C18 – Quality Assurance and Improvement
48	3609	C 11 §53	Add “Failure to comply with continuing education requirements”.	Provides violation language consistent with continuing education audit requirements
49	3707	C12 §1 (2)(E)(4)	Remove “warning” language	A warning constitutes disciplinary action
50	3970	C 17 §1.B.18	Adds Drug Log Book	Adds Drug Log Book for Non

6/04/2015

Change #	Line # (Start)	Citation	Rule Change	Explanation/Rationale
				Transporting Services
51	4087	C17 §2.1.A.18	Adds Drug Log Book	Adds Drug Log Book requirements for Ground Ambulance Services
52	4123	C 17§2.1.A.28	Add “ stored in a re-sealable container	Provides for re-sealable OB kit to facilitate inspection of contents
53	4260	C17 §3.1.A.15	Adds Drug Log Book	Adds Drug Log Book requirements to scene response air ambulances
54	4358	C 17 §3.B.1	Add “Bougie”	Adds Bougie to required equipment.
55	4361	C 17 §3.B.1	Add “pacing” to cardiac monitor	Requires pacing capability for cardiac monitors – scene response air ambulance
56	4452	C 17 §4.1.A.7	Add “Bougie”	Adds Bougie to required equipment.
57	4455	C 17 §4.1.A.7	Add “pacing” to cardiac monitor	Requires pacing capability for cardiac monitors – air transfer ambulance
58	4464	C17 §3.1.A.15	Adds Drug Log Book	Adds Drug Log Book requirements to transfer air ambulances
59	4580	C17 §5.1.A.2	Adds Drug Log Book	Adds drug log book to AEMT
60	4608	C17 §5.B	Removes Critical Care reference	There are no longer Critical Care licensed or permitted services in Maine
61	4613	C 17 §5.B.1	Add “Bougie”	Adds Bougie to required equipment.
62	4615	C 17 §5.B.2	Add “pacing” to cardiac monitor	Requires pacing capability for cardiac monitors – EMT- Critical Care
63	4638	C 17 §5.B.10	Removes redundant language	Log book addressed earlier in Rules
64	4645	C 17 §5.C	Removes redundant language	No longer needed – See line 4608

16 DEPARTMENT OF PUBLIC SAFETY

163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM

CHAPTERS 1-18: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES

ADOPTION DATE: ~~December 5, 2012 (Chapters 1–17)~~
~~December 3, 2014 (Chapter 18)~~

EFFECTIVE DATE: ~~May 1, 2013 (Chapters 1–17)~~
~~February 1, 2015 (Chapter 18)~~

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 2: DEFINITIONS

As used in these Rules, unless the context indicates otherwise, the following terms have the following meanings:

§1. ADVANCED EMERGENCY MEDICAL TREATMENT means those portions of emergency medical treatment:

A. Defined by the board to be advanced; and

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§2. AMBULANCE means any vehicle, whether an air, ground or water vehicle, that is designed, constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by any other authorities. For the purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States armed forces are not considered ambulances.

§3. AMBULANCE SERVICE means any person, persons or organization, which holds itself out to be a provider of transportation for ill or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National Guard and the United States armed forces are not considered ambulance services. It does not mean a person, persons, or an organization which transports ill or injured persons for reasons not connected with their illness or injury. It does not mean a nursing home licensed under 22 M.R.S.A. chapter 405, a children's home licensed under 22 M.R.S.A. chapter 1669, a boarding home licensed under 22 M.R.S.A. chapter 1663, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment. The types of Ambulance Services licensed by Maine EMS are listed below:

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.
2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the

patient's illness or injury to the hospital or provide air transfer of patients being transferred from a hospital or health care facility to another place.

3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport patients utilizing aircraft licensed by the Board and that may only provide air transfer of patients being transferred from a hospital or health care facility to another place.

4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the Board and that utilize aircraft licensed by the Board to provide limited air ambulance services in order to meet a need within the State not otherwise fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance Service.

§4. **BASE LOCATION** has the following meanings dependent upon the type of service license held:

1. For services licensed as Ground Ambulance Services, Scene Response Air Ambulance Services or Restricted Response Air Ambulance Services, Base Location means the physical location within a municipality, designated by the service and approved by the Board, from which a service responds its ambulances to the service's Primary Response Area(s).

Ground Ambulance Services may position ambulances within municipalities abutting the municipality in which the Base Location is situated, for the purpose of enhancing emergency response.

2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means that the service maintains a single phone listing for public access.

§5. **BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency medical treatment:

A. Defined by the board to be basic; and

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§6. **BOARD** means the Emergency Medical Services Board established pursuant to 32 M.R.S.A. Chapter 2-B, § 88.

§7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified, the person who seeks the approval shall apply in writing to the chairperson of the Board in care

of the office of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under which approval is sought and the grounds in support of the request.

§8. CERTIFICATE means a document issued as evidence that a person has completed a course of training or a particular test or recertification.

§9. CPR CERTIFICATION means successful completion of a Maine EMS approved Cardio-Pulmonary Resuscitation (CPR) program, or equivalent. This is interpreted to include semiautomatic defibrillation when that module is successfully completed.

1. CPR certification is valid until the expiration date, or recommended renewal date, of the document recognized as proof of certification.

§10. DEPARTMENT means the Maine Department of Public Safety.

§11. EMERGENCY MEDICAL CALL means a medical situation in which an immediate response to a scene is required to prevent life or limb-threatening medical deterioration of a person requiring emergency medical treatment or a situation when dispatch or responding personnel do not have information to determine the existence or condition of persons at a scene who may require emergency medical treatment.

§12. EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM means a system approved by the Emergency Services Communications Bureau and the board that includes:

1. A protocol for emergency medical dispatcher response to calls;
2. A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
3. A training curriculum and testing process consistent with the protocol.

§13. EMERGENCY MEDICAL DISPATCH CENTER means any entity that holds itself out to be a provider of emergency medical dispatch services.

§14. EMERGENCY MEDICAL DISPATCH SERVICES means any of the following services provided in the context of an emergency call made to the E-9-1-1 system:

1. Reception, evaluation or processing of calls;
2. Provision of dispatch life support;
3. Management of requests for emergency medical assistance; and
4. Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request,

dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed.

§15. EMERGENCY MEDICAL DISPATCHER means a person licensed by the Board who provides emergency medical dispatch services as a member of an emergency medical dispatch center licensed by the Board.

§16. EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides emergency medical treatment to the sick and injured. The following persons are not considered to be routinely providing emergency medical treatment for the purpose of these Rules and may provide emergency medical treatment only as specified below when called upon

1. Those persons as specified in 32 M.R.S.A. § 82(2) subject to any restrictions stated in that section;
2. Any person having current CPR certification, for the purpose of providing CPR within the scope of that certification;
3. Any person who provides automatic external defibrillation in accordance with 22 M.R.S.A. § 2150-C;
4. Any student currently enrolled in a [Maine-EMS-approved](#) course leading to licensure may practice procedures learned in that course when that student:
 - A. Has received permission to practice those procedures from the Instructor/Coordinator of the course;
 - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator;
 - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,
 - D. Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.

If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

5. Any person operating as a member of a police, fire, ambulance or non-transporting EMS service who has current CPR certification and who, within the past three years, has completed a Maine EMS-approved training program in hemorrhage control and oxygen-delivery-during-CPR and whose service maintains a record of such

certification and training, may provide emergency medical treatment within the scope of that training program and certification at the scene of a medical emergency to which that service has been called.

§17. EMERGENCY MEDICAL SERVICES VEHICLE means a vehicle, authorized by Maine EMS pursuant to 29-A M.R.S.A. § 2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

§18. EMERGENCY MEDICAL TREATMENT means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

§19. EMERGENCY RESPONSE MODE means the operation of the ambulance's or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A M.R.S.A..

§20. EMERGENCY SERVICES COMMUNICATIONS BUREAU means the Emergency Services Communication Bureau within the Public Utilities Commission.

§21. FAA means Federal Aviation Administration.

§22. FAR means Federal Aviation Regulations

§23. LICENSE means a full, temporary or conditional license issued under these Rules.

§24. LOCATED OUTSIDE THE STATE OF MAINE. An ambulance service is located outside the State of Maine provided that it is licensed in another state or territory, does not maintain a base of operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

§25. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS means the Board, the emergency medical services director, and staff within the Department of Public Safety responsible for carrying out the responsibilities of 32 M.R.S.A. § 81 et seq. and these Rules.

§26. MEDICAL CONTROL (DIRECTION) is physician supervision of pre-hospital emergency medical care. More specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is medically appropriate. Medical Control includes interaction with operational and administrative aspects of EMS (for example, education and training, quality improvement, ambulance staffing, dispatch issues, and hospital destination).

1. Direct Medical Control (on-line or immediate medical control):

A. The contemporaneous physician direction of a field provider utilizing radio or telephone, or actual contact with a physician on scene.

B. This physician direction may be provided by a Physician Assistant or Advanced Practice Registered Nurse delegated by the physician(s) charged with medical oversight

2. Indirect Medical Control is the administrative medical direction of EMS personnel by a physician as designated in these Rules.

§27. MEDICAL DIRECTION AND PRACTICES BOARD means the board, chaired by the State Emergency Medical Services Medical Director, and consisting of each regional medical director, a representative of the Maine Chapter of the American College of Emergency Physicians, and the State Emergency Medical Services Medical Director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services pre-hospital treatment protocols.

§28. NON-EMERGENCY MEDICAL CALL means a situation in which an immediate response to a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening medical deterioration of a person.

§29. NON-EMERGENCY RESPONSE MODE means operation of the ambulance or emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

§30. NON-TRANSPORTING SERVICE means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer to provide services to the general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be a non-transporting service.

1. A police or fire department which does not hold itself out as a provider of emergency medical care shall not be considered a non-transporting service solely because members of that department (who are licensed emergency medical services persons) provide medical care at the scene of a medical emergency to which they were dispatched for police or fire assistance.

§31. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES means the administrative unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the purposes of 32 M.R.S.A. § 81, et seq. Responsibility for implementation, enforcement and administration of these Rules is delegated to the Director of the Office.

338 §32. **PATIENT CARE REPORT** means the report generated and filed by Ambulance
339 Services and Non-Transporting Services documenting each request for service or for each patient
340 when more than one patient is involved.

342 §33. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT)** means a transfer of a patient
343 after initial assessment and stabilization from and to a health care facility conducted in
344 accordance with the Maine EMS PIFT guidelines.

346 §34. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE** means a Maine
347 EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after
348 fulfilling the PIFT Service eligibility requirements.

350 §35. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER** means a Maine
351 EMS Paramedic who has completed the Maine EMS PIFT Training Program.

353 §36. **PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL**
354 means the written statement approved by the Medical Direction and Practices Board and filed
355 with the Board, specifying the conditions under which some form of emergency medical care is
356 to be given by emergency medical services persons. These protocols are coordinated and
357 published through Maine EMS as a single, statewide common set of protocols.

359 §37. **PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES** means an
360 Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the Board.

362 §38. **PUBLIC SAFETY ANSWERING POINT** has the same meaning as in Title 25, section
363 2921.

365 §39. **REGIONAL COUNCILS** means those groups recognized by the Board that represent
366 the various regions of the state, as designated by the Board, with respect to matters subject to 32
367 M.R.S.A., § 81 et seq. and these Rules.

369 §40. **REGIONAL MEDICAL DIRECTOR** means the physician designated in each EMS
370 region by the regional council, subject to approval by the Board, to oversee all matters of
371 medical control and to advise the regional council on medical matters. In designating the
372 regional medical director, the Board will be advised by the regional council for the region.

374 §41. **RESPONSE ASSIGNMENT PLAN** means a Maine-EMS approved plan developed by
375 a Maine licensed service and its service medical director that identifies the service's level of
376 response and response mode in accordance with Maine EMS Emergency Medical Dispatch
377 (EMD) protocol determinant codes.

379 §42. **STATE LICENSURE EXAMINATIONS** means the written (cognitive) tests and
380 practical (psychomotor) evaluations approved by the Board and used to determine the minimum
381 competency of a person seeking licensure as an EMS provider.

383 §43. **TRAINING CENTER** means an entity that meets the requirements of the Maine EMS
384 Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved
385 EMS educational courses and training programs leading to EMS provider licensure.
386
387 §44. **WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the graduate of
388 any wilderness emergency medical technician course, approved by Maine EMS, who may apply
389 the principles of care taught in that course as defined. This is not a Maine EMS licensure level in
390 itself, but is a certification of skills and knowledge that may be employed by those licensed by
391 Maine EMS.
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396 AUTHORITY: 32 M.R.S.A., §§84, 85-A, 88
397
398 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
399
400 AMENDED: April 1, 1982
401 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
402 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
403 11.1067
404 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
405 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
406 September 1, 1986
407 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
408 July 1, 1988
409 March 4, 1992
410 September 1, 1996
411 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
412 REPEALED AND REPLACED: July 1, 2000
413 July 1, 2003
414 September 1, 2006
415 October 1, 2009
416 May 1, 2013
417
418

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING
SERVICE LICENSES

§1. No ground ambulance service or non-transporting service shall operate unless it is duly licensed by the Board under these Rules.

§2. **License Factors** - a ground ambulance service license or a non-transporting service license is issued for a specific:

1. Type of service - which may be:

A. A Non-Transporting Service; or

B. An Ambulance Service

2. Level of care - which may be:

A. Emergency Medical Responder (EMR) - (only if the service is licensing as a Non-Transporting type of service); or

B. Emergency Medical Technician (EMT); or

C. Advanced EMT (AEMT); or

D. Paramedic

3. Ownership

Upon request of the Board, an applicant for or licensee of a ground ambulance service or non-transporting service license must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information may result in an application being treated as incomplete.

4. Service Area

A. The service area consists of the primary response area, which is any area to which the service is routinely made available when called by the public to respond to medical emergencies. In defining a primary response area, a service will be expected to meet reasonable standards in regard to distance

and response times from its base of operations to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:

1. Dispatch time/availability of ambulance and crew;
 2. Response times;
 3. Organized/coordinated dispatch;
 4. Public perception;
 5. Emergency responses across jurisdictions/public safety implications;
 6. Impact on patient care;
- B. The service receiving the request to respond to an emergency medical call outside of its primary response area shall coordinate with that area's primary EMS service to insure the most appropriate response based upon patient status.
- C. A service area does not include areas outside the primary response area to which the service may be made available for non-emergency medical calls.

5. Base Location.

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or,
- B. A service may apply for a single license to operate from multiple locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors.

A service must receive a new license before changing any licensing factors.

§4. Approval of License.

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00.
 - C. Demonstrate to Maine EMS that:
 1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). This requirement does not apply for a new license sought for an upgrade in level of care. The notice must state:
 - (a) The name and legal status of the entity making application
 - (b) The name of the proposed service;
 - (c) The type of service proposed;
 - (d) The level of care to be provided;
 - (e) The names of the municipalities within the primary response area of the proposed service;
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
 - (g) The current mailing address of the Maine EMS office
 2. The applicant can provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
 3. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules.

CHAPTER 3: GROUND AMBULANCE SERVICE
AND NON-TRANSPORTING SERVICE
LICENSES

As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via the designated Maine EMS statewide frequency "155.385."

4. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
5. If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.
 - (a) An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.
6. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.
7. The applicant has designated a service director, who shall act as the point of contact for the service.
- ~~7.~~8. The applicant has designated a training officer for the proposed service.
- ~~8.~~9. The applicant has identified the designated infection control officer for the proposed service.
- ~~9.~~10. The applicant has - in the case of a proposed service requesting a license or permit to administer drugs/medications - entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will

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provide a system of control and accountability of
drugs/medications pursuant to these Rules.

~~10.~~ 11. If the applicant intends to provide Paramedic Inter-facility
Transfers (PIFT) a separate application must be submitted to and
approved by Maine EMS before the service performs such
transfers. Personnel providing PIFT treatment on behalf of the
service must successfully complete a Maine EMS-approved PIFT
course prior to performing such treatment.

2. A service license is issued for a period of 12 months. Maine EMS may issue a
license that expires prior to the twelfth month, and prorate the licensing fee if it is
determined that such a change is in the best interest of the service and the system.

§6. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth
month after the license is issued. If Maine EMS and the service agree, a license may
be renewed in less than a year, and the licensing fee prorated in order to shift the
service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the
license. To ensure timely processing, the application should be submitted to Maine
EMS thirty (30) days prior to the expiration of a license.
3. An application will not be accepted as complete unless it includes all materials
required to be evaluated for licensure.
4. A service may apply for a renewal license for up to ninety (90) days after the date of
expiration. The ninety-day period does not postpone the expiration date of the
license. A service with an expired license cannot act as an ambulance or non-
transporting service until a renewed license has been issued. An application
submitted more than 90 days after the license expiration date shall be considered an
application for a new license and subject to all requirements governing new
applications.
5. In order to obtain a license renewal, a service must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00.
 - C. Demonstrate, as may be required by Maine EMS, that it meets the licensure
requirements called for in these Rules.

**§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting
Service Licensees**

1. A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level, except:
 - A. When utilizing personnel not required to be licensed by Maine EMS as provided for in 32 M.R.S.A. § 86 (2). This person will limit care to the level of the service license pursuant to these Rules. This person will be responsible for patient care; or,
 - B. When the service's response is in accordance with a Maine EMS-approved Response Assignment Plan.
2. A ground ambulance service or non-transporting service must notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.
3. A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
 - C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).
 - D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.
 - E. Apply for new permission to provide a higher level of care by notifying Maine EMS.

4. A ground ambulance service or non-transporting service may apply for approval from Maine EMS to allow the use of Epinephrine auto injectors by the service's personnel who are licensed at the EMT level. Standards for initial and continued approval shall be in accordance with criteria approved and published by Maine EMS.
5. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.
6. A ground ambulance service or non transporting service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except when Maine EMS has approved the service's supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.
7. Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§8. Availability for Emergency Response

1. Any ground ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, to ensure an annual average time of twenty minutes or less from the "call for emergency medical assistance" to "arrival-at-scene", and shall not deny treatment or transport resulting from an emergency call if treatment or transport is indicated.

Failure of a ground ambulance service to comply with these emergency response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

2. A non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service's hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, and an authorized representative of the transporting service. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.
3. Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

§9. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a service must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within ~~one business day~~ twenty-four hours.

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

§11. Ground Ambulance Vehicles - General

1. Except as otherwise exempted by 32 M.R.S.A. § 82, no vehicle shall be operated as a ground ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. A ground ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will ~~prorate~~ adjust the vehicle ~~licensing fee~~ expiration date for a service licensing a new vehicle within its one year service license period to ensure concurrent expiration dates for service and vehicle licenses.
- ~~3. Any ground ambulance vehicle licensed in the state of Maine as of September 1, 1986 may continue to be licensed by the service owning it on that date as long as it is maintained in a condition which will meet all Department of Public Safety standards~~

~~for vehicle safety and is in a clean and sanitary condition, free from interior rust, dirt, or contaminating foreign matter.~~

~~4.3.~~ Any ground ambulance vehicle acquired by a Maine-licensed service as of September 1, 1986, must meet the standards set forth in these Rules.

~~5.4.~~ A ground ambulance vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's ground ambulance vehicle licenses end, and the service must apply for new ground ambulance vehicle licenses. The fee for licensing a vehicle is \$60.00.

~~6.5.~~ When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the ~~prorated portion of the~~ annual vehicle licensing fee ~~necessary to license the vehicle until the service's next licensing anniversary.~~ Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.

~~7.6.~~ Upon request by Maine EMS, a licensed ambulance service shall make its ground ambulance vehicle(s) available for inspection to ensure that each vehicle is safe, clean, and otherwise in conformity with these Rules. If a ground ambulance vehicle does not pass inspection and its continued operation presents a hazard to health or safety, Maine EMS may order it removed from service at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §184). If the deficiencies are not such as to require the vehicle's immediate removal from service, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the vehicle while bringing it into conformity with the law and Rules. If the vehicle is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the ground ambulance vehicle license.

§12. Ground Ambulance Vehicle – Licensing Requirements

1. In general, if control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or his representative to an ambulance service, through any means, the ground ambulance vehicle must be licensed to the recipient service prior to the recipient service's operation of that vehicle as an ambulance.
2. Temporary Transfer of Ground Ambulance Vehicles.
 - A. If control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground

ambulance vehicle transferred under this subsection will be considered
licensed pursuant to these Rules.

- B. If control of a licensed ground ambulance vehicle, which is owned by a manufacturer or manufacturer's representative, is passed to a service, the ground ambulance vehicle must be licensed to that service. A ground ambulance vehicle owned by a manufacturer or manufacturer's representative may be simultaneously licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
- C. The service temporarily assuming control of the ground ambulance vehicle shall maintain, at its base of operations, written record as to when control is assumed and when it is returned. These records are to be available for inspection by Maine EMS.
3. Emergency Medical Services Vehicles - Any vehicle operated by a licensed service or any agency designated by Maine EMS which is not already licensed as a fire department vehicle or ambulance, may be approved by Maine EMS as an emergency medical services vehicle, consistent with 29-A M.R.S.A. §2054 so long as that vehicle:
- A. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.
- B. Meets applicable federal and Maine safety requirements including the state's periodic motor vehicle inspection requirements.
- C. When in emergency response mode, is operated by a driver with a valid [motor vehicle operator's](#) license who has successfully completed a Maine EMS approved Basic Ambulance Vehicle Operator Course (AVOC), or a similar course that has been approved by Maine EMS as equivalent to AVOC.
- D. Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.
- E. Is made available for inspection when requested by Maine EMS in order to ensure conformity with the Rules.
- F. [Displays the name of the service operating the vehicle on the left \(driver\) and right \(passenger\) side of the vehicle in letters no less than 6 inches high or displays a logo that adequately identifies the service. Vehicles temporarily](#)

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transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.

G. Is exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

~~E.~~

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§13. Ground Ambulance Design Requirements

1. A ground ambulance vehicle, unless it falls within Chapter 3 §11.3 of these Rules, must meet the following standards to be licensed:
 - A. Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.
 - B. Interior size. It must meet the chassis manufacturer's specifications, and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to allow an attendant to walk from head to foot of the cot; and a minimum inside patient compartment length of 122 inches at the cot level.
 - C. Interior storage accommodations. The interior of the patient compartment must provide adequate stowage space for medical supplies, devices and installed systems. For purposes of this paragraph, "stowage" is defined as the storing, packing, or arranging of ambulance contents in a secure manner so as to protect the contents from damage and the personnel from injury. Interior compartment doors, latches and operating mechanisms must operate in accordance with the manufacturer's design.
 - D. Seat belts. Seat belts shall be provided in all permanent seat positions in the vehicle, including the squad bench. For purposes of this paragraph, "squad bench" is defined as a permanent, non-removable seat that is located in the patient compartment and which can serve as a seat for crew members or as a surface on which a patient may lie down.
 - E. Patient restraint. The ambulance must be equipped with a multilevel patient stretcher designed for ambulances, mounted in, and detachable from the vehicle. The head of the stretcher must elevate. At least three strap-type restraining devices (chest, hip, lower extremity), not less than 2 inches wide, shall be provided for each stretcher, cot or litter. Additionally, the head of the cot shall be furnished with upper torso (over the shoulder) restraints designed

to prevent motion of the patient during severe braking or in an accident.
Restraining straps shall incorporate metal-to-metal quick release buckles.

- F. Litter fasteners. Crash-stable fasteners of the quick-release type shall secure the cot to the floor or side walls. Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position.
- G. Patient compartment environmental equipment. The patient compartment shall be adequately heated, air-conditioned, and ventilated to provide for patient comfort.
- H. Communications equipment shall be adequate to allow the vehicle to contact on the regional radio frequency the hospitals to which it regularly takes patients. The ambulance shall also be able to maintain two-way communications contact with a full-time dispatching facility. As of January 1, 2001, all vehicles licensed or authorized by Maine EMS shall be capable of communications utilizing the designated Maine EMS statewide frequency, 155.385
- I. Attendants/driver communication. It shall be possible for the driver and the attendants, in their working positions, to speak to one another.
- J. Warning devices. All ambulances shall be equipped with a siren and with emergency warning lights, rotating or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A M.R.S.A. § 2054.
- K. Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of 35 foot candles of illumination measured on at least 90 percent of the cot's surface area.
- L. Name of service. Ground vehicles placed in service after March 1, 1992, must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.
- M. Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi)

maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.

N. Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

§14. Ground Ambulance Vehicle Equipment Requirements

1. As of August 1, 2004, all medical equipment and medical supplies carried on a ground ambulance vehicle must be natural-rubber-latex free.

A. Each ground ambulance vehicle shall carry the equipment listed in the equipment guideline pursuant to these Rules.

B. If a ground ambulance service is licensed or permitted at an advanced level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.

~~C. If a ground ambulance service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level pursuant to these Rules.~~

§15. ~~Ground Ambulance Vehicle or Emergency Medical Services~~ Vehicle Operations

1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode to a location to which the ambulance or emergency medical services vehicle has been dispatched except when:

A. Dispatch or responding personnel do not have adequate information to determine the existence or condition of persons at a scene who may require emergency medical treatment, or;

B. The ambulance or emergency medical services vehicle is responding in accordance with a Maine-EMS-approved Response Assignment Plan.

2. A licensed ambulance shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or

healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.

~~3. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.~~

§16. Non-Transporting Service Requirements

1. As of August 1, 2004, all medical equipment and medical supplies carried by a non-transporting service must be natural-rubber latex free.
 - A. A non-transporting service shall carry the equipment listed in the equipment guideline of these Rules.
 - B. If a non-transporting service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level as listed in the equipment guideline of these Rules.
2. Upon request of Maine EMS, a non-transporting service shall make its equipment available for inspection in order to ensure conformity with the Rules.

§17. Termination of Service

1. Any ground ambulance service or non-transporting service intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area(s). The notice must state:
 - A. The name of the service;
 - B. The date of service termination; and
 - C. The names of the municipalities affected by the service's termination.

§18. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address;
 - B. Criminal Convictions;

1044 | [C. Revocation, suspension or other disciplinary action taken in this or any other](#)
1045 | [jurisdiction against any occupational or professional license held by the](#)
1046 | [applicant or licensee; or](#)
1047 | [D. Material change in the conditions or qualifications set forth in the original](#)
1048 | [application for licensure submitted to the Board.](#)
1049 |
1050 |
1051 | AUTHORITY: 32 M.R.S.A., Chapter 2-B.
1052 |
1053 | EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
1054 |
1055 | AMENDED: April 1, 1982
1056 | December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
1057 | January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
1058 | 11.1067
1059 | April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
1060 | January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
1061 | September 1, 1986
1062 | August 25, 1987 - Sec. 5, 6.011 and 12 (added)
1063 | July 1, 1988
1064 | March 4, 1992
1065 | September 1, 1996
1066 | EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
1067 | REPEALED AND REPLACED: July 1, 2000
1068 | July 1, 2003
1069 | October 1, 2009
1070 | May 1, 2013
1071 |

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

§1. A provider of emergency medical dispatch services must be licensed by the Board in accordance with 32 M.R.S.A. §85-A and these Rules.

§2. **Licensing Factors** – The license issued under this chapter is for an Emergency Medical Dispatch Center.

1. Ownership

Upon request of the Board, an applicant or licensed Emergency Medical Dispatch Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

A license is issued for a specific physical address or location.

§3. **Change in Licensing Factors.**

An Emergency Medical Dispatch Center must receive Board approval to change any of the licensing factors.

§4. **Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an EMD Center applicant must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 M.R.S.A. §85-A, the Rules, and the Maine EMS-approved Emergency Medical Dispatch Priority Reference System;

2. The applicant can provide the facilities, equipment, and personnel required by these Rules;

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch or has a Maine EMS-approved printed protocol card set for each on-duty emergency medical dispatcher. The card set must be within five feet of the emergency medical dispatcher's telecommunications console. [Effective July 1, 2016, licensed Emergency Medical Dispatch Centers must have the electronic version of the Maine EMS-approved emergency medical dispatch protocol installed on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch;](#)
 4. The applicant complies with the Quality Assurance/Quality Improvement requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System. [Effective July 1, 2016, licensed Emergency Medical Dispatch Centers must install and use the electronic version of the Maine EMS-approved emergency medical dispatch quality assurance case review software and;](#) and
 5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
 3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.

§5. **Renewal**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:
 - A. Apply on forms available from Maine EMS; and

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

- B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S.A. §85-A and these Rules.

§6. Personnel Requirements for Emergency Medical Dispatch Centers

1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance, except that a dispatcher-in-training, under direct supervision of a Maine EMS licensed emergency medical dispatcher designated by the EMD Center director, may process calls using the emergency medical dispatch protocol after the dispatcher-in-training has attended the Maine EMS approved certification course for emergency medical dispatch. For purposes of this paragraph, direct supervision means that the designated licensed emergency medical dispatcher is contemporaneously listening to the call for medical assistance being processed by the dispatcher-in-training and is able to assume control of the call and provide emergency medical dispatch, if the dispatcher-in-training is unable to process the call in accordance with protocol.
2. An Emergency Medical Dispatch Center director must notify Maine EMS when Emergency Medical Dispatchers are employed or terminated from employment by the Center. Notification must be made electronically [via the Maine EMS online licensing system](#) ~~or by mail~~ within five days of the employment or termination of employment of an Emergency Medical Dispatcher.

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~~2.~~

§7. Response Standards For Emergency Medical Dispatch Centers

1. Emergency Medical Dispatch Centers must provide Emergency Medical Dispatch Services twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S.A. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these Rules.
2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.

§8. Quality Assurance and Quality Improvement

1. [Maine-licensed Emergency Medical Dispatch Centers must use quality assurance and quality improvement case reviewers that are certified by the Maine EMS Board-approved emergency medical dispatch certifying entity.](#)

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~~§8.~~ **§9. Termination of Center License**

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CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

1. Any Emergency Medical Dispatch Center intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Center shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:

- A. The name of the Emergency Medical Dispatch Center;
- B. The date of termination;
- C. The names of the municipalities affected by the termination; and
- D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

§10. §9. Transition To Statewide Emergency Dispatch Protocol

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1. As of July 1, 2010 all licensed Emergency Medical Dispatch Centers in Maine must exclusively use Board approved statewide Emergency Medical Dispatch protocols.

§11. Duty to Report

2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

- A. Change of name or address;
- B. Criminal Convictions;
- C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
- D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S.A. §84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (NEW)

REPEALED AND REPLACED: October 1, 20009

May 1, 2013

1253 16 DEPARTMENT OF PUBLIC SAFETY

1254

1255 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1256

1257 CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

1258

1259 §1. No air ambulance service shall operate unless it is duly licensed by the Board under these
1260 Rules.

1261

1262 §2. License Factors – an air ambulance service license is issued for a specific:

1263

1264 1. Type of service - which may be:

1265

A. Scene Response Air Ambulance Service;

1267

B. Transfer Air Ambulance Service

1269

C. Restricted Response Air Ambulance Service (RRAAS). In order to be
1270 licensed as a Restricted Response Air Ambulance Service, an applicant must
1271 demonstrate to the Board that the limited scope of the proposed service will
1272 fulfill a unique and/or unmet need regarding the air transport of patients in
1273 the state.

1275

1. Notwithstanding the requirements of this Chapter, in order to
1276 receive a license as a RRAAS, an applicant must comply with any
1277 and all restrictions or modifications placed upon the licensee by the
1278 Board, including, but not limited to:

1279

(a) The geographical locations to which the service may respond
1280 to emergency medical calls or non-emergency medical calls
1281 and the geographical locations to which the service may
1282 transport a patient. The Board may limit the aforementioned
1283 geographical locations to specific airports, airstrips and/or
1284 landing zones; and

1286

(b) The type and medical condition of patients that may be
1287 transported by the licensee. RRAAS is limited to response to
1288 non-emergency medical calls unless a Scene Response Air
1289 Ambulance Service or Transfer Air Service is unavailable to
1290 respond to emergency medical calls in the RRAAS response
1291 areas or unless the applicant has a plan, approved by the
1292 Medical Direction and Practices Board that establishes specific
1293 patient medical condition standards for the service.

1295

1296 2. Level of care - which may be:

1297

1298

- A. EMT (Restricted Response Air Ambulance Services only).
- B. Advanced Emergency Medical Technician (AEMT) (Restricted Response Air Ambulance Services only).
- C. Paramedic (Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the-Paramedic level).

3. Ownership

- A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.
- B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

4. Service Area - which includes:

- A. Primary Air Ambulance Response Area: Any area to which the service is routinely made available when called to respond to pre-hospital emergency medical calls.

In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:

- 1. Dispatch time/availability of ambulance and crew;
- 2. Response times;
- 3. Organized/coordinated dispatch;
- 4. Public perception;
- 5. Emergency responses across jurisdictions/public safety implications;
- 6. Impact on patient care;

But does not include any other area to which the service may be made available for non-emergency medical calls.

5. Base Location

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors

A service must receive a new license before changing any licensing factors.

§4. Approval of License

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

- 1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00.
 - C. Demonstrate to Maine EMS that:
 - 1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
 - (a) The name and legal status of the entity making application.
 - (b) The name of the proposed service;
 - (c) The type of service proposed;
 - (d) The level of care to be provided;

- (e) The names of the municipalities within the primary response area of the proposed service;
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
 - (g) The current mailing address of the Maine EMS office.
2. The applicant has established a Maine EMS approved plan to integrate and coordinate the air ambulance service within the existing EMS system in the areas of proposed operation and a professional and community education program for those ambulance services, non-transporting services, public safety agencies and hospital personnel with whom the air ambulance service interacts. This plan must include, but not be limited to:
- (a) A written policy and procedure specifying the:
 - (i) Service's mission statement;
 - (ii) Scope of care to be provided by the service in accordance with Medical Direction and Practices Board-approved protocols; and
 - (iii) Education, clinical experience and competency requirements of the medical crew commensurate with the scope of care to be provided.
 - (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
 - (c) Capabilities of medical transport personnel;
 - (d) Type of aircraft vehicle(s) used and operational protocols specific to type;
 - (e) Coordination of medical protocols and operating practices with hospital and pre-hospital providers and other public safety agencies;
 - (f) Response and coverage area for the service;
 - (g) Preparation and stabilization of the patient;

- (h) A safety program of policies and procedures specific to the operational environment (i.e. weather, terrain, aircraft performance, and patient care issues) in selection of transport mode.
- (i) An ongoing safety education program consisting of patient preparation and personal safety around the aircraft, including landing zone (LZ) designation and communications for rotor wing services.
- (j) Coordination of medical protocols and operating practices with those of the hospital and pre-hospital providers and public safety agencies with whom the service will interact;
- (k) Ongoing familiarization for those ambulance and non-transporting services, public safety agencies, and hospital personnel with whom the air ambulance service may interact routinely.
- (l) Scene Response Services must have ongoing safety communications program consisting of integration with Public Safety Answering Points and other emergency dispatch facilities in the state.
- (m) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly Friendly Guidelines” published by the Helicopter Association International.
- (n) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post accident incident plan.
3. The applicant is an aircraft operator, or will utilize an aircraft operator, who complies with current applicable ~~Part 135~~ Federal Aviation Regulations (FAR) and is authorized by the FAA to provide air ambulance operations.
4. The applicant can readily provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
5. The applicant has in effect a plan to ensure that the service’s equipment is compatible with the service’s licensed aircraft and

with the flight environment to which the equipment will be exposed.

6. The applicant has in effect public liability insurance.
7. The applicant has a physician medical director who is:
 - (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and actively practices in the care and management of critically ill or injured adult and pediatric patients;
 - (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services;
 - (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
 - (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;
 - (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service, including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service;
 - (f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals;
 - (g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,
 - (h) Responsible to ensure that appropriate aircraft, medical crew and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.

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- (i) Has established a plan for on-line medical direction if needed during transport.
- 8. The applicant will use and monitor compliance with dispatch response criteria as approved and published by the Board.
- 9. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including regional and state public safety frequencies, the designated Maine EMS statewide frequency 155.385 and the hospital-ambulance frequencies utilized in the service area(s) listed in these Rules.
- 10. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
- 11. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.
- 12. The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician pursuant to these Rules.
- 13. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A).
- 14. The applicant has designated a service director, who shall act as the point of contact for the service.
- 15. The applicant demonstrates that all medical crew members are appropriately trained and qualified.
- 16. The applicant has identified the designated infection control officer for the proposed service.

17. The applicant has entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required pursuant to these Rules.

18. The applicant has a Maine EMS approved risk management plan consistent with the mission of the service which requires reporting of aviation or ground ambulance accidents, incidents, or safety occurrences to Maine EMS and appropriate government agencies and the accountable individual with responsibility to report.

19. Scene Response Services must have a Maine EMS approved risk management program for night scene responses.

2. A service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

§6. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an air ambulance service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
3. In order to obtain and maintain a license renewal, a service must, for each base location:
 - A. Apply on forms available from Maine EMS;
 - B. Submit a fee of \$100.00;

- C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;
- D. Scene Response Air Ambulance Services must demonstrate accreditation by ~~the Commission for Accreditation of Medical Transport Systems (CAMTS)~~ an accreditation organization approved by Maine EMS.
- E. Scene Response Air Ambulance Services must submit on an annual basis, a utilization report to Maine EMS and the Medical Direction and Practices Board (MDPB) that includes at minimum:
 - 1. Annual utilization data, including night operations;
 - 2. A review of all flights discharged from receiving hospitals in less than 24 hours;
 - 3. Annual safety data including compliance with the services safety program and review of occurrence and incidents; and
 - 4. Clinical performance data as requested by the MDPB.

§7. Personnel Requirements for Air Ambulance Service Licensees

- 1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services
 - A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be trained and licensed at the Paramedic level and must have:
 - 1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety;
 - 2. Successfully completed a Maine EMS-approved interfacility transport program;
 - 3. Current certifications in any specialty programs as required, and published, by the Board.
 - B. Personnel in addition to the Paramedic will be utilized consistent with the patient's needs.
- 2. Restricted Response Air Ambulance Service

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- 1663 A. The flight medical crew must consist of at least one person medically
1664 certified/licensed by the State at the level to which the service is licensed and
1665 who has completed a course in altitude physiology and air operations safety
1666 based upon standards approved by the Board that includes, but is not limited
1667 to, altitude physiology and air operations safety.
1668
- 1669 B. Personnel in addition to the person identified in §7.2.A of this chapter may
1670 be utilized consistent with the patient's needs.
1671
- 1672 C. A Restricted Response Air Ambulance Service may obtain Maine EMS
1673 permission to provide on some calls, based on personnel availability, a higher
1674 level of care than that for which it is licensed. In order to obtain this
1675 permission, a service must, for each base:
1676
- 1677 1. Apply on forms available from Maine EMS.
 - 1678
 - 1679 2. Submit a fee of \$100. This fee is waived if the service is
1680 simultaneously applying for this permission and for a service
1681 license and is submitting the fee required for licensure.
1682
 - 1683 3. Demonstrate that it can satisfy the requirements of Chapter 4
1684 §5.1.C of these Rules (except that for numbers of personnel, the
1685 applicant must demonstrate that at least one Maine EMS licensed
1686 provider, licensed at the permit application level being sought, is
1687 an employee or member of the applicant service).
1688
 - 1689 4. Renew its permission request when it applies for license renewal,
1690 demonstrating to Maine EMS that it continues to satisfy the
1691 requirements of Chapter 4 §5.1.C of these Rules.
1692
- 1693 3. A service must report to Maine EMS the addition of any licensed EMS person to its
1694 roster of responding personnel prior to that person responding on behalf of the
1695 service and must report the termination or resignation of any EMS provider from the
1696 service within 5 days of the termination or resignation of the provider. Notification
1697 to Maine EMS may be made electronically or by mail
1698
- 1699 4. Services shall not advertise (in newspapers, telephone directories, on television or
1700 commercial radio, on billboards or vehicles, or by other means of public promotion)
1701 themselves as providing a level of care other than that at which they are licensed
1702 under this section. Board permission to provide a higher level of care is not a license
1703 for advertising purposes. The Board may prohibit advertising language from any
1704 medium listed above if it deems such language to be potentially deceptive or
1705 confusing to the public with regard to the services offered.
1706
- 1707 5. Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed
1708 under this chapter shall designate an infectious control officer (ICO) to perform the

duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§8. Service Availability for Response

1. An air ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, except as limited by safety considerations.
2. An air ambulance service must provide notification to the requesting agency of the air ambulance's estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. This notification shall be made in as timely manner as possible. Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.
3. Failure of a service to comply with these response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

§9. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit an electronic Maine EMS patient care report as specified by Maine EMS, ~~within 1 business day~~ within twenty-four hours.

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

§11. Air Ambulance Vehicles - General

1. Except as otherwise exempted by 32 M.R.S.A. § 82 and §12 of this chapter, no aircraft shall be operated as an air ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. An ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will ~~prorate the vehicle~~

~~licensing fee for a service licensing a new vehicle within its one-year service license period to assure~~ ensure concurrent expiration dates for service and vehicle licenses.

3. An aircraft licensed as an air ambulance shall meet all applicable FAA standards and must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
4. A vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is required to relicense under Chapter 4 §3 of these Rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
5. When a service acquires a new or used vehicle under Chapter 4 § 12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the ~~prorated portion of the annual~~ vehicle licensing fee necessary to license the vehicle ~~until the service's next licensing anniversary~~. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is safe, clean, and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, Maine EMS may order it removed from service as an air ambulance at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §184). If the deficiencies are not such as to require the aircraft's immediate removal from service as an air ambulance, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the aircraft as an air ambulance while bringing it into conformity with the law and Rules. If the aircraft is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the aircraft's ambulance vehicle license.

§12. Air Ambulance Vehicle Licensing Requirements

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service more than four times in any one-year period must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
2. Temporary Air Ambulance Vehicles - Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for

its use instead of a "permanent" vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

§13. Air Ambulance Vehicle Design Requirements

1. An air ambulance vehicle must comply with all Federal Aviation Administration (FAA) requirements for aircraft and air ambulance services. In addition, Maine EMS requires that an aircraft licensed by the Board must:
 - A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:
 1. The aircraft engine is a gas turbine type;
 2. The licensee demonstrates that the aircraft operator maintains and routinely practices engine-failure contingency plans specific to the restricted operations area designated by the Board;
 3. The aircraft is routinely operated according to FAA Visual Flight Rules (VFR).
 - B. If a rotorcraft, be equipped with a 180 degree controllable searchlight of at least 400,000 candlepower and a functioning radar altimeter or other approved terrain warning system.
 - C. Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;
 - D. Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;
 - E. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;
 - F. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;
 - G. Be equipped with a FAA approved patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation

(CPR) or a backboard or equivalent device to achieve CPR must be readily available;

1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;
2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;
3. If a car seat is used to transport an infant or child – it must have a FAA approved sticker;
4. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;
5. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.

- H. Be equipped with FAA-approved safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, pilots, other individuals, and equipment shall be provided. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;
- I. Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;
- J. Be equipped with climate controls capable of preventing adverse effects on patients or personnel on board;
- K. Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, equipment or supplies;
- L. Be designed and configured so that the head-strike envelope is clear of objects or surfaces that could cause injury in the event of air turbulence or

sudden hard landing. Medical and Flight crews in rotorcraft must wear FAA approved helmets.

M. Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.

N. Be equipped with an FAA approved oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.

1. Medical transport personnel will be able to determine if oxygen is “on” by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;
3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and must be located and secured in a FAA approved design. Under no circumstances will a portable tank be located between the patient’s legs.

O. Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;

P. Be designed so that medications, medical supplies and equipment - consistent with the service’s scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;

Q. Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that the equipment is secured and positioned to provide easy access by the flight medical crew while they are secured in seatbelts. Extra batteries or other power source must be available;

- R. Be designed and configured so that the service's mission and ability to transport two or more patients does not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient, and be designed to provide access for simultaneous airway management if there is a two-patient configuration;
- S. Be designed so that the floor, sides and ceiling in the patient compartment have a surface capable of being cleaned and disinfected in accordance with Occupational Safety and Health Administration regulations.
- T. Have overhead illumination at the patient level sufficient for patient care.
- U. Be configured and/or equipped to protect the pilot's night adaptation vision.
- V. Carry, in addition to FAA-required communications equipment, radios capable of communicating: with all Maine hospitals which may be over flown; Maine EMS Statewide frequency 155.385; with the flight service dispatch; and with personnel on the ground if scene pickups are routinely conducted. Headset equipment for pilot/medical crew communication is required if such communication would not otherwise be possible.
- W. Be capable of communications utilizing the designated Maine EMS statewide frequency "155.385".
- X. Be equipped with an FAA-approved electrical power source(s) that will accommodate commonly carried medical equipment (AC or DC powered) without compromising the operation of any aircraft electrical equipment and that is not dependent upon a portable battery.
- Y. Be configured and equipped so as to prevent interference with medical, communications, avionics and other aircraft systems.
- Z. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

§14. Air Ambulance Service Equipment Requirements

1. As of August 1, 2004, all medical equipment and medical supplies carried on an air ambulance vehicle shall be natural-rubber latex free.
 - A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.

B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All equipment and supplies must be secured according to FAR.

C. Restricted Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules up to and including the service's license or permit level, unless the air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.

§15. License Waiver

1. It is not the intent of these Rules to prohibit transport of a patient, in extraordinary circumstances, in an aircraft not licensed as an air ambulance when it is in the best interest of the patient and no licensed air ambulance is available within a reasonable time as determined by on-line medical control.
2. An aircraft not licensed as an air ambulance, and not operated by an air ambulance licensee, may be used to transport a patient when:
 - A. The licensed ambulance service transporting the patient has determined after consultation with on line medical control that transport by an unlicensed air ambulance is in the best interests of the patient;
 - B. A record of the run that documents the medical control transport order, attempts by medical personnel to secure a licensed air ambulance service to perform the run, and the circumstances and rationale for the transport is submitted to Maine EMS within 10 days of the run;
 - C. An aircraft is used that is FAA-certified and that allows head/torso access by medical crew;
 - D. An FAA license appropriate for the aircraft and run is held by the pilot;
 - E. The Board has not forbidden the ambulance service from conducting unlicensed air ambulance runs;
 - F. The medical crew (except as provided for in 32 M.R.S.A. § 86(2) consists of at least one person licensed by Maine EMS at the level that is medically required for care of the patient. Personnel in addition to the required medical crew member will be utilized consistent with the patient's needs;

G. The flight medical crew carries equipment and supplies as required for care appropriate to the patient's condition; and

H. The ambulance service initiating the air transport/transfer ensures that a method of communications has been established to allow for communications among the transporting medical crew, the receiving ground ambulance service and local medical control.

§16. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

A. Change of name or address;

B. Criminal Convictions;

C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,

D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

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AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000
July 1, 2003
October 1, 2009
May 1, 2013

2072 16 DEPARTMENT OF PUBLIC SAFETY

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2074 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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2076 CHAPTER 5: PERSONNEL LICENSES

2077

2078 §1. Personnel licenses are issued for the following levels of care, in ascending order:

2079

2080 1. Emergency Medical Responder (EMR)

2081

2082 ~~2. Ambulance Attendant – No new licenses at this level issued after September 1, 1996~~

2083

2084 A. ~~Effective December 1, 2014, Maine EMS licensed Ambulance Attendant~~
2085 ~~licenses will convert to the Emergency Medical Responder level, maintaining~~
2086 ~~the same expiration date as that of the Ambulance Attendant license it~~
2087 ~~replaces.~~

2088

2089 ~~3.~~ 2. Emergency Medical Technician (EMT)

2090

2091 ~~4.~~ 3. Advanced Emergency Medical Technician (AEMT)

2092

2093 ~~5.~~ 4. EMT - Critical Care (EMT-CC) - No new licenses issued at this level after January
2094 1, 1998.

2095

2096 A. Effective June 1, 2016, Maine-EMS-licensed Critical Care licenses will
2097 convert to the AEMT level, maintaining the same expiration date as that of
2098 the Critical Care license it replaces.

2099

2100 ~~6.~~ 5. Paramedic

2101

2102 §2. Licensees may perform the following treatments:

2103

2104 1. **Basic Emergency Medical Treatment:** All licensed personnel may provide basic
2105 emergency medical treatment within the scope of their training as defined by Maine
2106 EMS approved curricula, as permitted by protocol and in accordance with this
2107 chapter of the Rules.

2108

2109 A. **Emergency Medical Responder** A person licensed at the Emergency
2110 Medical Responder level may operate without the supervision of another
2111 Maine EMS licensee at the scene of a medical emergency until such time that
2112 a person licensed above the Emergency Medical Responder level arrives at
2113 the scene. Once on the scene, personnel licensed above the Emergency
2114 Medical Responder level are responsible for supervising Emergency Medical
2115 Responder licensed personnel, who may not operate without such
2116 supervision.

2117

Final patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the Emergency Medical Responder level. Any basic emergency medical treatments not contained in the current Emergency Medical Responder course curriculum approved by Maine EMS may only be performed while assisting, and in the presence of personnel licensed above the Emergency Medical Responder level.

One EMS provider licensed at or above the EMT level must accompany the patient in the patient compartment of the ambulance during transport.

B. Emergency Medical Technician A person licensed at the EMT level may, in addition to basic emergency medical treatment, provide the following skills or treatments, within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules:

1. IV maintenance (non-medicated fluids).
2. Under direct supervision of an Advanced Emergency Medical Technician (AEMT) or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.
3. Assisting a patient in the administration of the patient's own medication.
4. Drug and medication administration, and procedures as approved by the Board and as allowed by Maine EMS protocol.

C. Additions For Emergency Medical Technicians With Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply the principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.

2. **Advanced Emergency Medical Treatment:** The following advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope of training as defined by Maine EMS-approved curricula, as permitted by protocol and in accordance with this section of the Rules:

A. Advanced Emergency Medical Technician (AEMT): All practices, skills and techniques authorized at the Emergency Medical Technician (EMT)

level; advanced life support airway - Blind Insertion Airway Devices; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.

B. **EMT-Critical Care:** All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway-endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.

C. **Paramedic:** All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway-endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrotomy; and other techniques and practices approved and published by the Board.

1. Paramedic Inter-Facility Transfer (PIFT) - In order to practice as a PIFT provider, a Maine licensed Paramedic must:

(a) Complete a Maine EMS approved PIFT provider course; and,

(b) Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.

3. A licensee may perform emergency medical treatment when:

A. The licensee practices in accordance with Maine EMS Protocols.

B. The licensee acts with the approval of the ambulance crew member in charge of the call.

§3. Patient Care Report:

In addition to providing patient care, licensees are responsible for completing and submitting an electronic Maine EMS patient care report, as specified by Maine EMS, for each request for service, or for each patient when more than one patient is involved in a call. Reports must be submitted ~~within one business day~~ within twenty-four hours.

§4. A license is valid for three years from the month of issuance unless otherwise specified in these Rules. A license issued on or after May 1, 2019, will be valid for a period of two years from the month of issuance unless otherwise specified in these Rules.

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§5. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care submits and maintains a Maine EMS-approved plan for supervision. No one under the age of 16 may be licensed.

An applicant must be at least 18 years of age in order to be eligible for licensure above the EMT level.

2. Not have received a three-year Maine EMS license at the same level within the past year. Effective May 1, 2019 – Not have received a two year Maine EMS license at the same level within the past year.
3. Be able to read, write, speak, and understand the English language.
4. Be physically capable of performing the practices included in the license level applied for, as described by the approved Maine EMS functional position description and as indicated by the ability to pass the appropriate state practical examination.
5. Submit the following to Maine EMS:
 - A. A completed Maine EMS application signed by the applicant.
 - B. Certification of Board-approved training or training judged by Maine EMS to be equivalent. If the training was completed more than a year prior to application, a license may be issued that is valid for three years from the month of the training completion date (or from the month of the required test if that preceded training completion). Board approved training includes a Board approved initial course at the appropriate level, or a course judged by Maine EMS to be equivalent.
 - C. Certification of Board-approved continuing education hours (CEH) at the appropriate level, or continuing education hours judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use continuing education hours for licensure.
 1. The categories for CEH are:
 - (a) Category 1 – Operations
 - (b) Category 2 – BLS Topics

- 2256 (c) Category 3 – BLS Skills
- 2257 (d) Category 4 – ALS Topics
- 2258 (e) Category 5 – ALS Skills
- 2259 (f) Category 6 – Electives
- 2260 (g) Category 7 – Instructor Coordinator Recertification
- 2261
- 2262 2. CEH must be of the type and amount appropriate to the level, and
- 2263 may be used to fulfill training requirements provided that:
- 2264
- 2265 (a) The applicant's Maine license is current or not expired by more
- 2266 than two years; and
- 2267
- 2268 (b) Certificates of continuing education hours have not been used
- 2269 for a previous license renewal, and have been earned within the
- 2270 past three years. "Training completion date" for the purpose of
- 2271 setting a license expiration date will be the date of the most
- 2272 recently completed continuing education program, which is
- 2273 submitted for licensure.
- 2274
- 2275 (c) Continuing education hours appropriate to each level are as
- 2276 follows:
- 2277
- 2278 (i) Emergency Medical Responder - 26 total hours: 4
- 2279 hours in category 1; 8 hours in category 2; 8 hours in
- 2280 category 3; and 6 hours in category 6.
- 2281
- 2282 (ii) Ambulance Attendant - 32 total hours: 6 hours in
- 2283 category 1; 10 hours in category 2; 8 hours in category
- 2284 3; and 8 hours in category 6.
- 2285
- 2286 (iii) EMT - 38 total hours: 8 hours in category 1; 12 hours in
- 2287 category 2; 8 hours in category 3; and 10 hours in
- 2288 category 6.
- 2289
- 2290 (iv) Advanced Emergency Medical Technician (AEMT) -
- 2291 46 total hours: 8 hours in category 1; 6 hours in
- 2292 category 2; 4 hours in category 3; 16 hours in category
- 2293 4; 4 hours in category 5; and 8 hours in category 6.
- 2294
- 2295 (v) EMT-CRITICAL CARE - 52 total hours: 8 hours in
- 2296 category 1; 7 hours in category 2; 4 hours in category 3;
- 2297 18 hours in category 4; 6 hours in category 5; and 9
- 2298 hours in category 6.
- 2299
- 2300 (vi) PARAMEDIC - 58 total hours: 8 hours in category 1; 8
- 2301 hours in category 2; 4 hours in category 3; 20 hours in

category 4; 8 hours in category 5; and 10 hours in category 6.

- (vii) The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in Categories 1 – 5.

- (d) Effective May 1, 2013, continuing education hour (CEH) categories will change to the categories listed below. All current CEH earned by a licensee prior to the May 1, 2013 categories change will convert to the new categories as indicated:

- (i) Category 1 - EMS Operations convert to Preparatory and Operations
- (ii) Category 2 – BLS Topics and Category 4 – ALS Topics convert to Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma or Obstetrics and Pediatrics, as applicable
- (iii) Category 3 – BLS Skills convert to BLS Psychomotor Skills
- (iv) Category 5 – ALS Skills convert to ALS Psychomotor Skills
- (v) Category 6 – Electives convert to Further Continuing Education.

- (e) Concurrent with the CEH change on May 1, 2013, continuing education hours required for each level will be:

- (i) Emergency Medical Responder - 26 total hours: 4 hours in Preparatory and Operations; 8 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 6 hours in Further Continuing Education
- (ii) Ambulance Attendant - 32 total hours: 6 hours in Preparatory and Operations; 10 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics

and Pediatrics; 8 hours in BLS Psychomotor Skills; and
8 hours in Further Continuing Education

(iii) EMT - 38 total hours: 8 hours in Preparatory and
Operations; 12 hours total in any of the following
categories - Airway, Breathing and Cardiac, Patient
Assessment, Medical, Trauma and Obstetrics and
Pediatrics; 8 hours in BLS Psychomotor Skills; and 10
hours in Further Continuing Education

(iv) Advanced Emergency Medical Technician (AEMT) -
46 total hours: 8 hours in Preparatory and Operations;
22 hours total in any of the following categories -
Airway, Breathing and Cardiac, Patient Assessment,
Medical, Trauma and Obstetrics and Pediatrics; 4 hours
in BLS Psychomotor Skills; 4 hours in ALS
Psychomotor Skills; and 8 hours in Further Continuing
Education

(v) EMT-Critical Care - 52 total hours: 8 hours in
Preparatory and Operations; 25 hours total in any of the
following categories - Airway, Breathing and Cardiac,
Patient Assessment, Medical, Trauma and Obstetrics
and Pediatrics; 4 hours in BLS Psychomotor Skills; 6
hours in ALS Psychomotor Skills and 9 hours in
Further Continuing Education

(vi) Paramedic - 58 total hours: 8 hours in Preparatory and
Operations; 28 hours total in any of the following
categories - Airway, Breathing and Cardiac, Patient
Assessment, Medical, Trauma and Obstetrics and
Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours
in ALS Psychomotor Skills; and 10 hours in Further
Continuing Education

(f) Effective May 1, 2016, continuing education hour requirements
will be:

(i) Emergency Medical Responder - 32 total hours
consisting of: 2 hours in Preparatory and
~~Operations; Operations and -830~~ hours in ~~Airway,~~
~~Breathing and Cardiac; 2 hours in Patient Assessment;~~
~~4 hours in Medical; 4 hours in Trauma; 4 hours in~~
~~Obstetrics and Pediatrics; and 8 hours in BLS~~
~~Psychomotor Skills; any of the following categories -~~

Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.

- (ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; ~~and 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education~~ 50 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.

- ~~(iii)~~ Advanced Emergency Medical Technician (AEMT)- 56 total hours consisting of: 2 hours in Preparatory and Operations; ~~and 12 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education.~~ 54 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.

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- (iii) Paramedic - 72 total hours consisting of: 2 hours in Preparatory and Operations ~~and 16 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 12 hours in Medical; 8 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education~~ 70 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.

- (g) ~~Further Continuing Education as identified in the aforementioned CEH requirements is not a category, but represents additional training in categories 1-5. Category 7 CEH is not considered Further Continuing Education for purposes of this Chapter. .~~ Effective May 1, 2019, Continuing Education Requirements will be based upon a two-year licensing cycle and shall be in accordance with the National Continued Competency Hour Requirements, as approved by the Board:

- (i) Emergency Medical Responder (EMR) - 16 Total Hours consisting of 8 hours in National Continued Competency Requirements (NCCR), 4 hours in Local Core Competency Requirements (LCCR) and 4 hours in Individual Core Competency Requirements
- (ii) Emergency Medical Technician (EMT) - 40 Total Hours consisting of 20 hours in National Continued Competency Requirements (NCCR), 10 hours in Local Core Competency Requirements (LCCR) and 10 hours in Individual Core Competency Requirements.
- (iii) Advanced Emergency Medical Technician (AEMT) - 50 Total Hours consisting of 25 hours in National Continued Competency Requirements (NCCR), 12.5 hours in Local Core Competency Requirements (LCCR) and 12.5 hours in Individual Core Competency Requirements.
- (iv) Paramedic - 60 Total Hours consisting of 30 hours in National Continued Competency Requirements (NCCR), 15 hours in Local Core Competency Requirements (LCCR) and 15 hours in Individual Core Competency Requirements

(h) National Continued Competency Requirements (NCCR) are determined by the National Registry of EMTs (NREMT) Board of Directors based upon widespread input from EMS researchers, EMS physicians, EMS providers and other important stakeholders. The NCCR represents 50% of the overall requirements necessary to renew a Maine EMS provider license at any level. Topics in the NCCR are based upon the following: evidence-based medicine, any changes in the National EMS Scope of Practice Model, science-related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care.

(i) Local Continued Competency Requirements (LCCR) are developed and delivered at the local EMS level. The LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by Maine EMS or local authorities. These topics may include protocol changes, tasks which require remediation based upon a quality assurance

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system, and/or topics noted to be of importance based upon
Maine EMS run data. Applicants/licensees must complete any
and all Maine-EMS-designated LCCR topics for license
renewal in conjunction with, or in addition to, the LCCR hour
requirements.

(j) Individual Continued Competency Requirements (ICCR)
represent 25% of the needed education. The EMS provider
may select any EMS-related education for his or her ICCR
component.

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(k) Nationally standardized training programs may be awarded
continuing education hours, which will be credited to an
applicant for relicensure when that applicant provides proof of
current certification at the time of application. Current
certification is determined by definition of the national sponsor
of the training program.

(l) In lieu of the license renewal continuing education hour
requirements of this Chapter, an applicant may submit a current
certification card at the license level being renewed from a
national EMS certifying entity approved by the Board. Unless
Maine EMS determines otherwise, a license renewal based
upon a national EMS certifying entity certification shall carry
an expiration that is concurrent with the applicant's national
EMS certifying entity certification's expiration date.

3. At the time of renewal, each licensee must certify, on a form
provided by Maine EMS, the number of continuing education
hours completed for license renewal. No additional information or
continuing education documentation is required to be submitted at
the time of renewal. However, the licensee shall retain
documentation of continuing education hours included in the most
recent two continuing education certification periods submitted by
the licensee, including the current renewal period.

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4. Applicants for license renewal will be selected by Maine EMS on a
random basis for audit of continuing education compliance. In
addition, an individual licensee may be selected for an audit as part
of an investigation or if there is reasonable cause to believe the
licensee has provided a false certification concerning the
completion of continuing education requirements. An audit may
review the last two continuing education hour certifications
submitted by the licensee.

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5. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.

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6. Except as provided in Title 37-B, section 390-A, applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS' discretion, result – in accordance with 32 M.R.S.A. §90-A and Chapter 12 of these Rules – in a decision to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

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D. Board-approved testing certification:

1. An applicant must demonstrate successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within ~~three~~ two years of the application date.

2. For applicants whose initial course completion date is on or after March 1, 2016 - an applicant for an initial license at any provider level must successfully complete the Maine-EMS-Board-approved cognitive test and practical skills evaluation - for license level being sought - within two (2) years of the course completion date of the initial course . Applicants whose course completion is prior to March 1, 2016, must complete testing within three years of initial course completion.

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~~2.3.~~ except that a Notwithstanding paragraphs 1 and 2 above, an applicant is not required to submit testing certification as part of the license application process if:

(a) An applicant, whose Maine EMS license has expired within two years prior to the application date is applying for a new or

renewed license at the license level held within the
aforementioned two year period; or,

(b) An applicant is determined by Maine EMS to be eligible to
license based upon a current certification or license from
another state or territory; or,

(c) An applicant is determined by Maine EMS to be eligible to
license based upon current certification from a national EMS
certifying entity.

3.4. For purposes of paragraph 1, above, if the test is more than a year
old, a license may be issued ~~which~~that is valid for ~~three years~~ the
licensing period as calculated from the month of the test (or from
the month of the required training course if that precedes the test).
When practical and written portions of the test are completed in
different months, the test date will be the month the first test was
completed.

E. Continued Competency Verification

1. For an applicant or licensee renewing a license at any level, or for
a licensee who is applying for a license within two years of license
expiration, continued competency may be verified by:

(v) A Service Director of a Maine-licensed EMS service
that is licensed or permitted at or above the level at
which the applicant or licensee is seeking licensure and
with which the licensee is affiliated; or,

(vi) A Training Officer of a Maine-licensed EMS service
that is licensed or permitted at or above the level at
which the applicant or licensee is seeking licensure and
with which the licensee is affiliated; or,

(vii) A Service Medical Director of a Maine-licensed EMS
service that is licensed or permitted at or above the
level at which the applicant or licensee is seeking
licensure and with which the licensee is affiliated; or,

(viii) The Director or his or her designee of a Maine EMS
Authorized Training Center; or,

(ix) Successful completion of a Board approved cognitive
exam and practical skills evaluation - at the license

level being sought - within three years of the application date.

2. Persons listed in paragraph 1, above as being authorized to verify continued competency shall base continued competency verifications upon criteria approved and published by the Board.

~~E.F.~~ A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

~~E.G.~~ A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§6. **License Expiration and Renewal**

1. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

§7. Duty to Report

4. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

- A. Change of name or address;
- B. Criminal Convictions;
- C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
- D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

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2666 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
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2668 AMENDED: April 1, 1982
2669 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
2670 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
2671 11.1067
2672 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
2673 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
2674 September 1, 1986
2675 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
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2677 March 4, 1992
2678 September 1, 1996
2679 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
2680 REPEALED AND REPLACED: July 1, 2000
2681 July 1, 2003
2682 October 1, 2009
2683 May 1, 2013
2684
2685

2686 16 DEPARTMENT OF PUBLIC SAFETY

2687
2688 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2689
2690 CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

2691
2692 §1. Except as provided for in these Rules, no person shall provide emergency medical
2693 dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board
2694 in accordance with 32 M.R.S.A. § 85-A and these Rules.

2695
2696 §2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

2697
2698 §3. Scope of Practice

2699
2700 1. An Emergency Medical Dispatcher may provide emergency medical dispatching in
2701 accordance with the Maine EMS-approved Emergency Medical Dispatch Priority
2702 Reference System, within the scope of the dispatcher’s Maine EMS-approved
2703 training and in accordance with 32 M.R.S.A. § 85-A and these Rules.

2704
2705 2. An Emergency Medical Dispatcher may perform emergency medical dispatching
2706 services when the Dispatcher:

2707
2708 A. Holds a current Emergency Medical Dispatcher license issued by the Board;

2709
2710 B. Is employed by and acts with the approval of an Emergency Medical
2711 Dispatch Center licensed by the Board in accordance with 32 M.R.S.A. §
2712 85-A and these Rules;

2713
2714 C. Practices in accordance with the Maine EMS-approved Emergency Medical
2715 Dispatch Priority Reference System and in accordance with 32 M.R.S.A. §
2716 85-A and these Rules;

2717
2718 §4. License

2719
2720 1. A license issued by the Board under this chapter is valid for twenty-four months
2721 from the month of issuance unless earlier suspended or revoked or as otherwise
2722 specified in these Rules.

2723
2724 | A. The Board may issue a license valid for up to twenty-seven months in order
2725 to ensure that the applicant’s license expiration date occurs three months
2726 after the applicant’s training certification expiration from the entity that
2727 provides the Board approved statewide emergency medical dispatch
2728 protocols. Once the three month separation is established, the license issued
2729 will be for a period of twenty-four months, unless the Board determines that
2730 a license issued for a shorter period of time is in the best interests of the
2731 system.

2. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:
 - A. Be at least 18 years of age on the date of application;
 - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher license within the past year;
 - C. Be capable of performing emergency medical dispatch services, as described by the approved Maine EMS Emergency Medical Dispatcher Functional Position Description;
 - D. Be employed by a Maine licensed Emergency Medical Dispatch Center; and,
 - E. Submit the following to Maine EMS:
 1. A completed Maine EMS application.
 2. Current training certification from the entity that provides the Board approved statewide emergency medical dispatch protocols.
 - (a) A current training certification or recertification cannot be used more than one time to fulfill Maine EMS Emergency Medical Dispatcher training requirements for a new or renewal license.
 - (b) If a training certification or recertification was completed more than a year prior to application, a license may be issued that is valid for two years from the certification month.
 3. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
 4. A complete history of criminal convictions, as well as civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
 5. A complete history of any action taken against any emergency medical dispatch certification or license or other professional certification or license that the applicant currently holds or has ever held.

§5. License Expiration and Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

2. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§6. Transition to Statewide Emergency Medical Dispatch Protocol

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1. As of July 1, 2010, Maine EMS licensed Emergency Medical Dispatchers must be certified by the entity selected to provide the Board-approved statewide Emergency Medical Dispatch protocol.

§7. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

A. Change of name or address;

B. Criminal Convictions;

C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,

D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S.A. 84, § 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009

May 1, 2013

2816 16 DEPARTMENT OF PUBLIC SAFETY

2817

2818 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2819

2820 | CHAPTER 6: ~~ADVANCED LIFE SUPPORT~~ DRUGS AND MEDICATIONS

2821

2822 §1. GENERAL

2823

2824 1. For the purpose of this Section, "drugs and medications" include only those
2825 | substances used in the delivery of ~~Advanced~~ Emergency Medical Treatment
2826 consistent with Maine EMS Protocol. Maine EMS will maintain a list of approved
2827 drugs and medications and will revise and publish the list when changes in protocol
2828 dictate.

2829

2830 2. A service authorized by Board license or permit to handle drugs or medications shall
2831 use as the source of drugs and medications a single hospital that has a pharmacy,
2832 several hospitals with either individual or central supply points, or some other source
2833 approved by the Board. The system of drugs and medications distribution will be
2834 overseen by a responsible pharmacist, or by a regional medical director or his/her
2835 physician designee.

2836

2837 3. A service authorized by Board license or permit to handle drugs or medications shall
2838 operate consistent with these Rules except when an alternative system for the supply,
2839 storage, and logging of drugs and medications has been approved by a responsible
2840 pharmacist, by the regional medical director, and by Maine EMS. Under any such
2841 system, all drugs and medications shall be properly stored with provision for climate
2842 control.

2843

2844 4. Any instances of missing controlled drugs or medications must be reported to Maine
2845 EMS as soon as possible. A full report of the service's investigation of the missing
2846 drugs and any action the service may have taken regarding the incident must be sent
2847 to MEMS as soon as it is complete.

2848

2849 §2. STORING DRUGS AND MEDICATIONS

2850

2851 1. All drugs and medications must be stored in packaging as dispensed and labeled by a
2852 pharmacy.

2853

2854 2. All drugs and medications shall be properly stored with provision for reasonable
2855 climate control.

2856

2857 3. Unless otherwise approved by the Board, all drugs and medications must be secured
2858 in a storage box. The box must be secured with a one-time, pharmacy-type,
2859 numbered seal applied and recorded by an authorized representative of the hospital.

The box must have a label attached indicating the name of the earliest expiring item and its expiration date.

4. A drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drug box) must be kept by the service indicating:

- A. Date the service received the storage box with new seals.
- B. Seal numbers (old and new) whenever seal is broken and replaced.
- C. Use and disposal of drugs/medications including applicable Maine EMS patient/run record number.
- D. Legible signature and license number of person making the log entry.
- E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least weekly and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will insure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
- F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.
- G. A service authorized by Board license or permit to handle drugs or medications and which elects to store those drugs that have been approved by the Board to be stored outside of the sealed drug box, shall comply with these Rules as applicable and any criteria approved and published by the Board.

§3. PRESCRIBING, ORDERING, AND RECORDING

The administration of drugs to a patient shall be determined by applicable protocols and recorded on the run report.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

2905 September 1, 1986
2906 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
2907 July 1, 1988
2908 March 4, 1992
2909 September 1, 1996
2910 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
2911 REPEALED AND REPLACED: July 1, 2000
2912 July 1, 2003
2913 October 1, 2009
2914 May 1, 2013
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS
USED FOR LICENSURE

§1. Training Courses

1. Training courses must be conducted in accordance with the Board-approved Training Center Standards.
2. The following training courses are approved for licensure at the indicated levels:

A. Emergency Medical Responder (EMR):

1. For initial licensure at the Emergency Medical Responder level - A Maine EMS Emergency Medical Responder Course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training.
2. For renewal at the Emergency Medical Responder level - A Maine EMS EMT, Emergency Medical Responder course or any other course which is approved by the Board as including all of the required objectives for this training.

~~B. Ambulance Attendant:~~

~~For renewal at the Ambulance Attendant level - A Maine EMS EMT or Emergency Medical Responder course, or any other course which is approved by the Board as including all of the required objectives for this training~~

~~B.~~ EMT:

1. For initial licensure at the EMT level:
 - (a) A Maine EMS EMT course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training; or
 - (b) A Board-approved EMT bridge course for physicians, physician assistants, nurses, and other licensed/certified allied

health care professionals who receive permission from Maine EMS to use this course for licensure; or

(c) A Board-approved bridge course for Emergency Medical Responders.

2. For renewal at the EMT level - Maine EMS continuing education or any other continuing education program or course that is approved by the Board as containing all of the objectives required for this training.

~~D.~~C. Advanced Emergency Medical Technician, Critical Care, Paramedic:

1. For initial licensure at the Advanced Emergency Medical Technician or Paramedic level:

(a) An original course of training for students who have met the training requirements for licensure as an advanced EMT which is approved by the Board as including all of the objectives required for the level for which licensure will be sought; or

(b) Bridge courses for persons who have met the training requirements for licensure as an advanced EMT which are approved by the Board as including all of the objectives required to bridge the particular levels; or

(c) Any other course of training that is approved by the Board as including the objectives required for the particular level of training.

2. For renewal at the Advanced Emergency Medical Technician, Critical Care, or Paramedic level - Maine EMS continuing education or any other continuing education program or course of training that is approved by the Board as including all of the objectives for the particular level.

~~E.~~D. Any course (not including continuing education hour programs) leading to certification for EMS provider licensure must be supervised by an instructor/coordinator licensed by Maine EMS for that particular level and must be approved by a Maine EMS Training Center. Out-of-state courses and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.

~~F.~~E. Applicants to conduct courses leading to certification for EMS provider licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.

G.F. Candidates must meet the training requirements for licensure at the level from which the course starts.

§2. EMS Continuing Education Programs

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:
 - A. The sponsor must apply before the program is to begin. Only under unusual circumstances, such as those set forth in Chapter 13 §§2.1 – 5, of these Rules, may continuing education hour courses be approved after they have occurred;
 - B. The topics to be taught must be relevant to EMS;
 - C. The instructor must be qualified to instruct the topic;
 - D. The sponsor must make known to the students those requirements the students must meet in order to receive attendance certification;
 - E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and license numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;
 - F. The program must be open to all EMS providers unless otherwise specifically approved by the approver; and
 - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing, the Internet, and other forms of distributive learning, or for other educational programs not described in this Chapter. For Maine EMS to consider granting CEH approval the applicant must submit to Maine EMS:
 - A. An outline and description of the program, to include program handouts;
 - B. The name and address of the program sponsor;
 - C. The names of any EMS agencies granting the program continuing education hours;

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CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS USED FOR LICENSURE

- 3055
3056 D. A contact name and telephone number for attendance verification;
3057
3058 E. A program completion certificate, or equivalent;
3059
3060 F. If applicable, approval from the Continuing Education Coordinating Board
3061 for EMS (CECBEMS).
3062
3063 G. Proof, if the program was not supervised, that the program required, and the
3064 applicant successfully completed, a knowledge test in order to receive a
3065 program completion certificate.
3066
3067 3. When Maine EMS, or its delegate, approves a specific program content and
3068 instructor for continuing education hours, and has not rescinded such approval,
3069 subsequent applications by the instructor for that program will be approved without
3070 further review if there are no significant changes in program content or faculty.
3071
3072 4. Maine EMS may delegate approval of in-state continuing education programs,
3073 pursuant to these Rules, to regional councils or a Maine EMS approved Training
3074 Center provided that they maintain a system for assuring high quality programs and
3075 provide such program information in a timely manner as requested by Maine EMS.
3076

3077 AUTHORITY: 32 M.R.S.A., Chapter 2-B
3078

3079 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
3080

3081 AMENDED: April 1, 1982
3082 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
3083 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
3084 11.1067
3085 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
3086 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
3087 September 1, 1986
3088 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
3089 July 1, 1988
3090 March 4, 1992
3091 September 1, 1996

3092 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

3093 REPEALED AND REPLACED: July 1, 2000
3094 July 1, 2003
3095 October 1, 2009
3096 May 1, 2013
3097

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8-A: TRAINING CENTERS

§1. A provider of emergency medical services education and training in Maine must be authorized by the Board in accordance with 32 M.R.S.A. §88(2)(D) and these Rules.

§2. Authorization Factors – The authorization issued under this chapter is for a Training Center

1. Ownership

Upon request of the Board, an applicant or authorized Training Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the authorization. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

An authorization is issued for a specific physical address or location.

§3. Change in Authorization Factors

A Training Center must receive Board approval to change any of the authorization factors.

§4. Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization. To obtain new authorization, a Training Center applicant must:

A. Apply in a format prescribed by Maine EMS; and,

B. Demonstrate to Maine EMS that the applicant complies with the requirements of 32 M.R.S.A. §88(2)(D), the Rules, and the Board-approved Training Center Standards.

2. A Training Center Authorization is issued for a period of 60 months unless earlier suspended or revoked. An authorization may be issued for a shorter period of time if approved by the Board.

3. A Training Center must demonstrate ongoing compliance with these Rules and the Training Center Standards in order to maintain its authorization.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization.
2. A Training Center may apply for a renewal authorization for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. A Training Center with an expired authorization cannot provide education and training courses pursuant to the Training Center Standards. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain an authorization renewal, a Training Center must:
 - A. Apply electronically or by mail; and,
 - B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S.A. §88(2)(D), these Rules and the Training Center Standards.

§6. Termination of Training Center Authorization

Any Training Center intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the termination date.

§7. Duty to Report

1. A authorized training center or an applicant for authorization under this chapter shall notify the Board in writing within 10 days of a:
2.
 - A. Change of name or address;
 - B. Criminal Convictions;
 - C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
 - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

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AUTHORITY: 32 M.R.S.A. §84, §88

EFFECTIVE DATE: May 1, 2013 (NEW)

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

§1. Licenses are issued for the following levels of Instructor Coordinators (I/C):

1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, and EMT license levels.
2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the I/C - AEMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, , EMT and Advanced Emergency Medical Technician (AEMT) license levels.
3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, , EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license levels.

§2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator licenses are valid for a period of three years, or as otherwise determined by Maine EMS.

§3. To obtain and maintain a new or renewed Instructor Coordinator license, the applicant must:

1. Be at least 18 years of age.
2. Be able to write, speak, and understand the English language.
3. Possess 3 years experience in emergency medicine at the level for which they are applying.
4. Submit the following to Maine EMS:
 - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
 - B. Proof of education consistent with current Maine EMS Education Standards at the:
 1. EMT level, if applying for an I/C-EMT license.

3235 2. Advanced Emergency Medical Technician (AEMT) level, if
3236 applying for an I/C – AEMT license.

3237
3238 3. Paramedic level, if applying for an I/C – Paramedic license.
3239

3240 C. Training Certification, which may be:
3241

3242 1. A Board-approved instructor coordinator training program
3243 completed within three years of license application at the
3244 appropriate level taught by a Maine EMS licensed I/C following
3245 the guidelines set forth by the Training Center or a program judged
3246 by Maine EMS to be equivalent; or,
3247

3248 2. For licensees whose Maine Instructor Coordinator license is
3249 current or not expired by more than two years - Maine EMS-
3250 approved continuing education hours - 24 hours in category 7,
3251 Instructor Coordinator Recertification - specifically designed to
3252 address educational issues and approved by Maine EMS, provided
3253 that:
3254

3255 (a) Certificates of continuing education hours have not been used
3256 for a previous license renewal and have been earned within the
3257 past three years.
3258

3259 (b) No more than 6 hours of continuing education received by the
3260 applicant for instructing Maine EMS licensing courses may be
3261 used towards fulfilling relicensure requirements.
3262

3263 D. A complete history of criminal convictions as well as civil infractions for
3264 alcohol or drugs. Maine EMS will consider this to the extent allowed by
3265 Maine Law.
3266

3267 E. A complete history of any action taken against any emergency medical
3268 services certification or license or professional certification or license that the
3269 applicant currently holds or has ever held.
3270

3271 **§4. License Expiration and Renewal**
3272

3273 1. A Licensee shall submit an application for renewal prior to the expiration date of the
3274 license. To ensure timely processing, the application should be submitted thirty (30)
3275 days prior to the expiration of a license. An application will not be accepted as
3276 complete unless it includes all materials required to be evaluated for licensure.
3277

3278 2. A person may apply for a renewal license for up to ninety (90) days after the date of
3279 expiration. The ninety-day period does not postpone the expiration date of the
3280 license.

3. Licensees whose licenses have lapsed as of the expiration date cannot provide instruction in any class leading to licensure until a renewed license has been issued.
4. An application submitted more than ninety (90) days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§5. Duty to Report

5. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

- A. Change of name or address;
B. Criminal Convictions;
C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

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AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6.8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000

July 1, 2003

October 1, 2009

May 1, 2013

3324 16 DEPARTMENT OF PUBLIC SAFETY

3325

3326 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3327

3328 CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS

3329 AND CONTINUING EDUCATION PROGRAMS

3330

3331 §1. Emergency Medical Dispatch Training Courses

3332

3333 1. Training courses for certification leading to licensure or relicensure as a Maine
3334 Emergency Medical Dispatcher must meet the requirements set forth in the Maine
3335 EMS approved Emergency Medical Dispatch Priority Reference System.

3336

3337 2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure
3338 must comply with requirements set forth in the Maine EMS approved Emergency
3339 Medical Dispatch Priority Reference System.

3340

3341 §2. Emergency Medical Dispatch Instructors

3342

3343 Any course leading to certification for licensure must be supervised by an instructor that
3344 meets the requirements set forth in the Maine EMS approved Emergency Medical
3345 Dispatch Priority Reference System.

3346

3347 §3. Emergency Medical Dispatcher Continuing Education Programs

3348

3349 ~~1.3.~~ Emergency Medical Dispatcher continuing education training programs shall be
3350 conducted in accordance with the requirements of the Maine EMS Board-approved
3351 certifying entity.

3352

3353 ~~2.4.~~ The Board may require specific continuing education programs for Maine licensed
3354 Emergency Medical Dispatchers, based upon an educational or training need
3355 identified by Maine EMS.

3356

3357 ~~3.— A program held in Maine or out of state may be approved for the Emergency~~
3358 ~~Medical Dispatcher continuing education hours (CEH) pursuant to these Rules if it~~
3359 ~~meets the following conditions:~~

3360

3361 ~~A. The sponsor must apply before the program begins. Only under unusual~~
3362 ~~circumstances, such as those set forth in Chapter 13 §2.1—5 of these Rules,~~
3363 ~~may continuing education hour courses be approved after the courses have~~
3364 ~~been conducted;~~

3365

3366 ~~B. The topics to be taught must be relevant to Emergency Medical Dispatchers;~~

3367

3368 ~~C. The instructor must be qualified by education, training, and experience to~~
3369 ~~instruct the topic;~~

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

- ~~D. The sponsor must advise the students of requirements the students must meet in order to receive an attendance certificate;~~
- ~~E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and certificate numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;~~
- ~~F. The program must be open to all Emergency Medical Dispatchers unless otherwise specifically approved by the approver; and~~
- ~~G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.~~
- ~~4. Maine EMS may grant Emergency Medical Dispatchers continuing education hours, required by the Rules for programs offered through professional journals, audio and visual media, teleconferencing, the Internet and other forms of distributive learning, or for other educational programs not described in this Chapter. To receive approval the applicant must submit to Maine EMS:~~
- ~~A. An outline and description of the program, including program handouts;~~
- ~~B. The name and address of the program sponsor;~~
- ~~C. The names of any agencies granting the program continuing education hours, to the extent known;~~
- ~~D. A contact name and telephone number for attendance verification;~~
- ~~E. A program completion certificate, or equivalent;~~
- ~~F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).~~
- ~~G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a test in order to receive a program completion certificate.~~
- ~~5. When Maine EMS, or its delegate, approves specific program content and instructor for Emergency Medical Dispatcher continuing education hours that are used to fulfill the requirements of Chapter 5-A and has not rescinded such approval, subsequent~~

June 4, 2015 - Informal Rules Change Review – Public Draft

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION
PROGRAMS

~~applications by the instructor for that program will be approved without further review if there are no changes in program content or faculty.~~

~~6. — Maine EMS may delegate approval of in-state continuing education programs. The entity or person delegated to approve in-state continuing education programs must maintain a system substantially equivalent to or stricter than the continuing education approval requirements included in these Rules. The delegated approver will ensure high-quality programs and will provide program information in a timely manner as requested by Maine EMS.~~

AUTHORITY: 32 M.R.S.A. § 84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009
May 1, 2013

3434 16 DEPARTMENT OF PUBLIC SAFETY

3435

3436 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3437

3438 CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR
3439 RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR
3440 REVOKING A LICENSE

3441

3442 §1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a
3443 license, if an applicant or licensee engages, or attempts to engage in any of the following, which
3444 shall be considered unprofessional conduct:

3445

3446 1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by
3447 concealing material facts.

3448

3449 2. Violating a lawful order, rule or consent agreement of the Board.

3450

3451 3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.

3452

3453 4. Any criminal conviction, subject to the limitations of Maine statute.

3454

3455 5. Acting in ways that are dangerous or injurious to the licensee or other persons.

3456

3457 6. Renting, selling, bartering or lending a license to another person.

3458

3459 7. Addiction to a drug, including alcohol or responding to the scene of a call while
3460 under the influence of drugs, whether or not the use of such substances is habitual.

3461

3462 8. Initiating the transport of a person, knowing that the person does not need to be
3463 transported, or treating a person knowing the person does not need to be treated,
3464 when the primary purpose of the action is to collect a fee or charge.

3465

3466 9. Obtaining a fee by fraud, deceit or misrepresentation.

3467

3468 10. Responding to the scene of an accident or incident to which the licensee has not been
3469 dispatched, when there is reason to believe that another licensee has been or will be
3470 called to that scene, and refusing to turn over the care of the patient to the
3471 responsible service when it arrives.

3472

3473 11. Failing to provide patient information to a hospital or other health care facility in
3474 response to an authorized request.

3475

3476 12. Disclosing or causing to be disclosed confidential patient information to an
3477 unauthorized person or using confidential patient information for personal or
3478 unauthorized financial benefit.

3479

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.
 - Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.
14. Violation of any standard established in the profession.
15. Inaccurate recording of material information, or falsifying or improperly altering a patient or healthcare provider record.
16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
17. Diverting drugs, supplies or property of patients, patient's families, services, or healthcare providers.
18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one's self, except as directed by a person authorized by law to prescribe such items.
19. Impersonating another licensed practitioner.
20. Impersonating any applicant or licensee, or acting as proxy for the applicant or licensee in any licensing exam.
21. Acting negligently or neglectfully when caring for or treating a patient.
22. Incompetent practice. A licensee or applicant shall be deemed incompetent in the practice if the licensee or applicant has:
 - A. Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient, student or the general public; or
 - B. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice or instruction for which he/she is licensed, or for which a Training Center is authorized.
23. Losing certification or license, when the certification or license is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his or her certification or license.

June 4, 2015 - Informal Rules Change Review – Public Draft

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

24. Acting negligently or neglectfully in conducting an ambulance service.
25. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.
26. Altering or falsifying a license or documents for a course card or certificate.
27. Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.
28. Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit or misrepresentation.
29. Transferring a license from one vehicle to another without the consent of the Board.
30. Willfully making a false statement in application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.
31. Providing treatment at a level for which a person is not licensed or for which a service is not licensed or permitted.
32. The practice of fraud or deceit in connection with service rendered within the scope of the license issued.
33. Habitual intemperance in the use of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.
34. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.
35. Aiding the practice of emergency medical treatment by a person not duly licensed under 32 M.R.S.A., Chapter 2-B.
36. Delegation of practice, skills, treatment or educational instruction to a person who is not licensed or qualified to perform said practice, skills or treatment.
37. Abandonment or neglect of a patient requiring emergency medical treatment.
38. Causing physical or emotional injury to a patient in violation of the applicable standard of care.

June 4, 2015 - Informal Rules Change Review – Public Draft

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

39. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, creed, color, sexual orientation, gender or socio-economic status.
40. Sexual misconduct as defined in Chapter 14 of these Rules.
41. Providing instruction at a level for which a person is not licensed.
42. Providing instruction at a level for which a Training Center is not authorized or licensed to provide.
43. Aiding or abetting the practice of instruction by a person not duly licensed as a Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is required.
44. Violating any of the requirements of the Training Center Standards.
45. Failure to provide program or course documentation when required or requested by Maine EMS.
46. Inaccurate recording of material information, or falsifying or improperly altering an emergency medical dispatch record
47. Acting negligently or neglectfully in the provision of emergency medical dispatch services to a caller or patient.
48. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch Center.
49. Providing emergency medical dispatch services when not licensed to do so.
50. Abandonment or neglect of a patient or caller requiring emergency medical dispatch services.
51. Aiding or abetting the practice of emergency medical dispatch services by a person not duly licensed as a Maine EMS Emergency Medical Dispatcher
52. Failing to participate in Maine EMS approved quality assurance activities.
53. Failure to comply with continuing education requirements.

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AUTHORITY: 32 M.R.S.A., Chapter 2-B.
EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

June 4, 2015 - Informal Rules Change Review – Public Draft

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

3617 AMENDED: April 1, 1982
3618 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
3619 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
3620 11.1067
3621 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
3622 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
3623 September 1, 1986
3624 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
3625 July 1, 1988
3626 March 4, 1992
3627 September 1, 1996
3628 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
3629 REPEALED AND REPLACED: July 1, 2000
3630 July 1, 2003
3631 May 1, 2013
3632
3633

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS

§1. Disciplinary Actions

1. Investigation of Complaints

The Board, its subcommittee or staff shall investigate complaints in accordance with 32 M.R.S.A. § 90-A (1). The investigating body may require that the complaint be submitted on complaint forms developed for that purpose and with supporting documentation in order to have sufficient information to evaluate the complaint.

2. Notice of Complaints and Response

A. Notice

The Board, its subcommittee or staff shall notify an individual or organization of the content of a complaint filed against the individual or organization not later than sixty days after receipt of the initial pertinent information, in accordance with 32 M.R.S.A. § 90-A (2). Notice shall be in writing. Service is complete upon mailing to the party, the party's attorney, or upon in-hand delivery to the party or the party's office in accordance with 5 M.R.S.A. § 8051 (2).

B. Response

If the licensee wishes to contest the complaint or dispute the information that forms the basis of the complaint, the licensee must respond to the Board in writing, by certified mail, return receipt requested. For this response to be considered timely, it must be received by Maine EMS within thirty (30) days of receipt of the Board's notice.

C. Additional Information

The Board, its subcommittee or staff may request additional information from the licensee in support of any response received. If the licensee's response to the complaint satisfies the Board, its subcommittee or staff that no further action is warranted on the complaint, the complaint may be dismissed. Notice of the dismissal must be sent to any complainants.

D. Further Communications with Complainant

The Board, its subcommittee or staff may provide the complainant with a copy of the licensee's response or portions thereof, as the members or staff determines to

be necessary to facilitate the investigation. The Board, subcommittee or staff may request additional information from the complainant in support of the original complaint or in response to the licensee's response. The complainant must provide this additional information to the Board, subcommittee or staff within thirty (30) days of being requested to do so, or indicate why the information cannot be obtained within that time.

E. Resolution of Complaints without Discipline

Upon the written information provided by the complainant, licensee and any others in support of the complaint and responses, the Board, its subcommittee or staff may take any of the following actions, which do not constitute discipline, except as specifically indicated:

~~1.~~ 2. Issue a letter of guidance or concern pursuant to 32 M.R.S.A. § 88(4);

~~2.~~ 3. Refer the complaint to the Regional Medical Director for resolution to the extent that the complaint alleges conduct that relates solely to clinical practice issues. A complaint may be referred both to the Regional Medical Director and for further disciplinary procedures in accordance with these Rules if it alleges both clinical practice issues and issues appropriate for discipline by the Board;

~~3.~~ 4. Dismiss the complaint upon a finding that the complaint is factually unfounded or alleges conduct that is not a violation of EMS Rules or statutes;

~~4. Dismiss the complaint with a warning to the licensee if it finds all of the following:~~

~~(a) Misconduct subject to sanction under EMS Rules or statutes has occurred;~~

~~(b) The misconduct is minor;~~

~~(c) There is little or no injury to the public, the emergency medical services system or the profession; and~~

~~(d)(c) There is little likelihood of repetition.~~

3. Informal Conferences

A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the licensee may be requested to participate in an informal conference in accordance with 32 M.R.S.A. § 90-A. The licensee shall be

provided with at least seven days written notice of the conference and of the issues to be discussed, unless the licensee waives such right to notice or extraordinary circumstances warrant a shorter period of notice.

- B. If, after Informal Conference, the Board, subcommittee or staff determines that resolution without discipline is appropriate, the matter may be resolved by referral to the Regional Medical Director, letter of guidance, dismissal, or dismissal with warning, as appropriate, and in accordance with EMS statutes and these Rules.

4. Sanctions

- A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after Informal Conference, the Board, its subcommittee or staff determines that the complaint is or may be true, that a current or former licensee has violated Maine EMS statutes or Rules, and the violation is of sufficient gravity to warrant further action, any of the following may be occur:

1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 M.R.S.A. §88(3)(E) and §90-A (4)(A).
2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 M.R.S.A. 90-A (4)(B).

- B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board's authority pursuant to 32 M.R.S.A. § 88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:

1. The board shall notify the licensee in writing of the licensee's right to request an adjudicatory hearing and any proposed action of the Board.
2. The licensee must file a written request for hearing within twenty (20) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS. The Board may extend this period for good cause shown.
3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375, Subchapter IV.

4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held with no further notice to the licensee, or the proposed action of the Board becoming final without further hearing.

5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final agency action appealable pursuant to 32 M.R.S.A. 90-A (4)(C) and the Maine Administrative Procedure Act, 5 M.R.S.A, Chapter 375, Subchapter VII.

C. Except in the specific circumstances where 5 M.R.S.A. § 10004, Action without hearing, may be invoked, if the Board, its subcommittee or staff concludes that suspension beyond the authority conferred by 32 M.R.S.A. § 88 or revocation is in order, the Board, its subcommittee or staff may request the Attorney General to file a complaint in the District Court.

Time limits in these Rules may be modified as necessary to address emergency license suspensions, consistent with the Maine Administrative Procedure Act.

§2. Initial License Applications

1. Issuance Subject to Letter of Guidance or Consent Agreement

A. A license may be issued in conjunction with a letter of guidance or warning pursuant to 32 M.R.S.A. §88(4). The purpose of the letter is to educate the applicant, reinforce knowledge regarding legal or professional obligations, and/or express concern over action or inaction by the applicant that does not rise to the level of misconduct sufficient to merit denial of the application or negotiation of a Consent Agreement.

B. A license may be issued subject to a consent agreement with the applicant/licensee if the applicant has engaged in conduct actionable under Maine EMS statutes or Rules and the terms of the consent agreement, in the opinion of the Board, subcommittee or staff, are adequate to protect the public health and safety and to rehabilitate or educate the licensee

2. Denial

A. Staff may deny an initial license application if done so in a written decision that reflects the reasons for the denial and informs the applicant of the right to appeal the decision to the Board.

B. A person or organization aggrieved by a staff decision to deny a license may appeal the decision to the Board for a final decision in accordance with 32 M.R.S.A. § 91-A.

- C. If the applicant wishes to appeal the denial, the applicant must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the denial.
- D. The staff's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
- E. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing unless otherwise required by law.
- F. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision.
- G. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII.

§3. Non-Disciplinary Refusal to Renew

1. The staff or a subcommittee of the Board may recommend to the Board that it refuse to renew a license. Before presenting the recommended decision to the Board for consideration, staff shall mail or hand-deliver to the applicant/licensee written notice of the recommended decision and the reasons therefore with notice of applicant/licensee's right to request a hearing in accordance with the Administrative Procedure Act. Service is complete upon mailing or personal delivery.
2. If the applicant/licensee wishes to request a hearing, the applicant/licensee must submit a written request for a hearing to the Board. The written request must be received by the Board within thirty (30) days of the applicant/licensee's receipt of notice of the proposed decision/opportunity to request hearing. Failure to submit a request within this period shall be deemed a waiver of the right to hearing, and the Board may adopt the recommended decision without further hearing.
3. The decision of the Board shall be in writing or stated on the record and reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision.
4. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII.

§4. Other Staff/Board Actions

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the board to waive the application of any rule, or in interpreting statutes or Rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 M.R.S.A. §91-A.
2. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the challenged decision.
3. The staff or subcommittee's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
4. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
5. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision.
6. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000
July 1, 2003

3906 **16 DEPARTMENT OF PUBLIC SAFETY**

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3908 **163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

3909

3910 **CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL**
3911 **EMS RADIO FREQUENCIES**

3912

3913 Maine EMS may accept other equipment or supplies that it judges to be equivalent to these
3914 listed, however, specific approval from Maine EMS must be obtained before such a substitution
3915 is made.

3916

3917 **§1. Equipment list for Non -Transporting Services**

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- 3919 1. A non transporting service must possess, at a minimum, the equipment listed in this
3920 section and must maintain a system to ensure the availability of this equipment on
3921 any call.

3922

- 3923 A. As of August 1, 2004, all medical equipment and medical supplies required
3924 in this section must be natural-rubber latex free.

3925

3926 **B. The Equipment list for Non-Transporting Services follows:**

3927

- 3928 1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child;
3929 infant.
- 3930 2. **4 Airways, Nasal** – One each of sizes; Large adult; adult; child;
3931 infant.
- 3932 3. **1 Aluminum foil** – 18 inches by 25 feet roll or both an occlusive
3933 dressing and a device for wrapping the newborn, such as a "space
3934 blanket".
- 3935 4. **1 Aspirator**, Small Bulb.
- 3936 5. **1 Automatic External Defibrillator (AED)** – Must be a semi –
3937 automatic defibrillator with 1 set of pediatric and 2 sets of adult
3938 defibrillator pads.
- 3939 6. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled
3940 resuscitators are not acceptable.
- 3941 7. **1 Bag Valve Mask, Child**
- 3942 8. **1 Bag Valve Mask, Infant**
- 3943 9. **6 Bandages, Roller** - self-adhering 3 inches minimum width.
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10. **4 Bandages**, Triangular.
 11. **Band aids** - Box of assorted sizes.
 12. **1 Blanket**
 13. **1 Burn sheet - Sterile.**
 14. **4 Collars, Extrication, Rigid** - Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.
 15. **24 Disaster Tags** - Tag type must be Maine EMS approved.
 16. **6 Dressings**, Surgical - Minimum 5 inches by 9 inches.
 17. **2 Dressings**, Universal – 8 inches by 30 inches minimum.
 - ~~17~~18. **1 Drug Storage Logbook - Must meet the logbook requirements of Chapter 6 of the Rules**
 - ~~18~~19. **1 Flashlight** - Battery operated containing at least 2 "D-Cell" batteries or equivalent. Penlights not acceptable.
 - ~~19~~20. **10 (Pair) Gloves**
 - ~~20~~21. **1 Glucose Preparation** - Commercially packaged - for emergency medical administration.
 - ~~21~~22. **2 (Pair) Goggles, Protective**
 - ~~22~~23. **1 Head Immobilization Device** - Any device that may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.
 - ~~23~~24. **1 Mask, Pocket** -With oxygen inlet and one way valve.
 - ~~24~~25. **4 Masks** - Surgical type.
 - ~~25~~26. **Oxygen, Portable** - At least one operable "D" cylinder, at a minimum 1500 psi, or its equivalent, equipped with a flow meter which will operate in all positions. Must have adult and child non-rebreather mask, adult nasal cannula, and infant mask.
 - ~~26~~27. **Saline, Sterile** - Commercially sealed container(s) must total no less than 500 ml and must not have passed expiration date.

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- 3998
3999 | ~~27.~~28. **1 Shears, Trauma**
4000
4001 | ~~28.~~29. **Sphygmomanometers** - Adult, large adult, child, and
4002 infant sizes.
4003
4004 | ~~29.~~30. **1 Spinal Immobilization Device, Long** - Long spine board
4005 or similar device providing adequate spinal immobilization
4006 acceptable.
4007
4008 | ~~30.~~31. **4 Splints, Padded Board** - 2 (3 inches by 36 inches) and 2
4009 (3 inches by 15 inches). Similar splints such as cardboard, plastic,
4010 wire-ladder, or canvas with rigid inserts of like length and width
4011 may be carried in place of the 36 inch and 15 inch boards. Air
4012 splints or vacuum splints may be carried in place of one of the
4013 required padded board splints of each length.
4014
4015 | ~~31.~~32. **12 Sponges, Sterile** - 4 inches by 4 inches.
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4017 | ~~32.~~33. **Stethoscopes**, 1- adult, 1- pediatric
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4019 | ~~33.~~34. **6 Straps** – 9 feet in length; 2 inches minimum width; with
4020 buckles. Quick-clip and other commercial straps are acceptable;
4021 however, at least three 9 foot straps are required.
4022
4023 | ~~34.~~35. **1 Suction apparatus** - Portable unit to provide pharyngeal
4024 suction of at least 11.8 inches mercury (300mm Hg) within 4
4025 seconds after the suction tube is clamped closed. Unit must have
4026 trap bottle, and be equipped with rigid pharyngeal suction tip and
4027 appropriate catheters.
4028
4029 | ~~35.~~36. **2 Tape, Adhesive, Roll** - At least 1 inch wide.
4030
4031 | ~~36.~~37. **1 Tourniquet** – Must be commercially prepared for
4032 hemorrhage control.
4033
4034 | ~~37.~~38. **2 Towels** - Medium size.
4035
4036 | ~~38.~~39. **2 Vests**, reflective.
4037

4038 §2. **Equipment List for Ground Ambulance Services**
4039

- 4040 1. As of August 1, 2004, all medical equipment and medical supplies required in this
4041 section must be natural-rubber latex free.
4042

4043 A. **The Equipment list for Ground Ambulance Services follows:**

1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child; infant.
2. **4 Airways, Nasal** – One each of sizes; Large adult; adult; child; infant.
3. **1 Aluminum foil** – 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".
4. **1 Automatic External Defibrillator (AED)** - Must be a semi – automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.
5. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.
6. **1 Bag Valve Mask, Child**
7. **1 Bag Valve Mask, Infant**
8. **6 Bandages, Roller** - self-adhering 3 inches minimum width.
9. **4 Bandages Triangular**
10. **Band aids** - Box of assorted sizes.
11. **2 Emesis basins** - Alternative containers acceptable.
12. **4 Blankets**
13. **2 Burn sheets** - Sterile.
14. **4 Collars, Extrication, Rigid** - Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.
15. **24 Disaster Tags** - Tag type must be Maine EMS approved.
16. **6 Dressings, Surgical** - Minimum 5 inches by 9 inches.
17. **4 Dressings, Universal** - 8 inches by 30 inches minimum.
- ~~17.~~ **18. 1 Drug Storage Logbook** - Must meet the logbook requirements of Chapter 6 of the Rules

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CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES

4090		18. <u>19.</u> 1 Fire extinguisher - A-B-C or B-C rated. Five pound size
4091		equivalent or larger. Must be secured in vehicle. Professionally
4092		inspected on annual basis.
4093		
4094		
4095		19. <u>20.</u> 2 Flashlights - Battery operated containing at least at least
4096		2 "D-Cell" batteries or equivalent. Penlights are not acceptable.
4097		One flashlight must be in the patient compartment
4098		
4099		20. <u>21.</u> 10 (Pair) Gloves
4100		
4101		21. <u>22.</u> 1 Glucometer
4102		
4103		22. <u>23.</u> 2 Glucose Preparation - Commercially packaged - for
4104		emergency medical administration.
4105		
4106		23. <u>24.</u> 4 (Pair) Goggles , Protective
4107		
4108		24. <u>25.</u> 4 Gowns/Overalls - Of adequate material and design to
4109		provide a protective barrier against contact with patient's body
4110		fluids.
4111		
4112		25. <u>26.</u> 1 Head Immobilization Device - Any device, which may
4113		be attached to a long spinal immobilization device for the purpose
4114		of immobilizing the head and cervical spine.
4115		
4116		26. <u>27.</u> 1 Mask, Pocket -With oxygen inlet and one way valve.
4117		
4118		27. <u>28.</u> 4 Masks - Surgical type.
4119		
4120		28. <u>29.</u> 1 Obstetrical Kit - To contain sterile gloves, scalpel or
4121		scissors, umbilical clamps or tape, sterile dressings, towels, small
4122		bulb-aspirator, plastic bag, and receiving blanket. Kit must be
4123		sealed stored in plastic a resealable container designed to to
4124		prevent contamination.
4125		
4126		29. <u>30.</u> Oxygen - "M" (also known as "DEY") cylinder or
4127		equivalent number of other size tanks to achieve a minimum
4128		storage capacity of 3000 liters (@ 2000 psi pressure, 70 degree
4129		temperature). "E" cylinders hold 685 liters when full (2000 psi).
4130		"D" cylinders hold 410 liters when full (2000 psi). A response-
4131		available ambulance must carry, as a minimum, the volume of
4132		portable oxygen required below plus the equivalent of an "M"
4133		cylinder at no less than 500 psi. All cylinders must be adequately
4134		secured in vehicle.
4135		

- 4136 | ~~30.~~31. **Oxygen Masks** - 2 each: adult non rebreather; adult nasal
4137 | cannula; pediatric non rebreather; and, infant mask.
- 4138 |
- 4139 | ~~31.~~32. **Oxygen, Portable** - At least two operable "D" cylinders
4140 | (410 liters each), one of which indicates a minimum pressure of
4141 | 1500 psi and the other which indicates a minimum pressure of 500
4142 | psi. At least one of the two required tanks shall be equipped with a
4143 | flow meter that will operate in all positions.
- 4144 |
- 4145 | ~~32.~~33. **2 Pillows**
- 4146 |
- 4147 | ~~33.~~34. **1 Pulse Oximeter**
- 4148 |
- 4149 | ~~34.~~35. **Saline, Sterile** - Commercially sealed container(s) must
4150 | total no less than 2000 ml and must not have passed expiration
4151 | date.
- 4152 |
- 4153 | ~~35.~~36. **1 Sharps Container** - Must be secured.
- 4154 |
- 4155 | ~~36.~~37. **2 Shears, Trauma**
- 4156 |
- 4157 | ~~37.~~38. **4 Sheets**
- 4158 |
- 4159 | ~~38.~~39. **Sphygmomanometers** - Adult, large adult, child and infant
4160 | sizes.
- 4161 |
- 4162 | ~~39.~~40. **1 Spinal Immobilization Device, Long** - Long spine board
4163 | or similar device providing adequate spinal immobilization
4164 | acceptable.
- 4165 |
- 4166 | ~~40.~~41. **1 Spinal Immobilization Device, Short** - short spine board
4167 | or similar device providing adequate spinal immobilization
4168 | acceptable.
- 4169 |
- 4170 | ~~41.~~42. **4 Splints, Padded Board** - 2 (3 inches by 36 inches) and 2
4171 | (3 inches by 15 inches). Similar splints such as cardboard, plastic,
4172 | wire-ladder, or canvas with rigid inserts of like length and width
4173 | may be carried in place of the 36 inch and 15 inch boards. Air
4174 | splints or vacuum splints may be carried in place of one of the
4175 | required padded board splints of each length.
- 4176 |
- 4177 | ~~42.~~43. **1 Splint, Traction** - Adult size. Additional pediatric
4178 | recommended.
- 4179 |
- 4180 | ~~43.~~44. **12 Sponges, Sterile** – 4 inches by 4 inches.
- 4181 |

- 4182 | 44.45. **Stethoscopes**, 1-adult, 1-pediatric.
4183 |
4184 | 45.46. **6 Straps** – 9 feet in length; 2 inches minimum width with
4185 | buckles. Quick-clip and other commercial straps are acceptable;
4186 | however, at least three 9 foot straps are required.
4187 |
4188 | 46.47. **Stretcher** - as specified in Ch. 3§13(1)(E). All restraining
4189 | straps must be used during patient transport unless they interfere
4190 | with patient care, or a Child Protective Seat is in place
4191 |
4192 | 47.48. **1 Stretcher, Folding** - Any of the following are acceptable:
4193 | stair chair converting to full-length cot; army D-ring stretcher;
4194 | ambulance folding stretcher; scoop stretcher.
4195 |
4196 | 48.49. **1 Suction device, Portable**, capable to provide pharyngeal
4197 | suction of at least 11.8 inches mercury (300mm Hg) within 4
4198 | seconds after the suction tube is clamped closed. Unit must have
4199 | trap bottle, and be equipped with rigid pharyngeal suction tip and
4200 | appropriate catheters. The unit must be electrically powered -
4201 | capable of operating from its own (internal) battery.
4202 |
4203 | 49.50. **3 Tape, Adhesive** - Assorted size rolls.
4204 |
4205 | 50.51. **Thermometer(s)** - Non-glass fever type. Hyperthermic
4206 | and hypothermic ranges should be available.
4207 |
4208 | 51.52. **1 Tourniquet** – Must be commercially prepared for
4209 | hemorrhage control.
4210 |
4211 | 52.53. **4 Towels** cloth type.
4212 |
4213 | 53.54. **2 Vests**, reflective striping on crew member uniforms and
4214 | outerwear are acceptable if the reflective striping provides 360°
4215 | visibility.
4216 |

4217 | §3. **Equipment List For Scene Response Air Ambulances**
4218 |

- 4219 | 1. As of August 1, 2004, all medical equipment and medical supplies required in this
4220 | section must be natural-rubber latex free.
4221 |

4222 | A. **The Basic Life Support equipment list for scene response air ambulances**
4223 | **follows:**
4224 |

- 4225 | 1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child;
4226 | infant.
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2. **4 Airways, Nasal** – One each of sizes; Large adult; adult; child; infant.
3. **1 Aluminum foil** – 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".
4. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.
5. **1 Bag Valve Mask, Child**
6. **1 Bag Valve Mask, Infant**
7. **6 Bandages, Roller** - self-adhering 3 inches minimum width.
8. **2 Emesis basins** - Alternative containers acceptable.
9. **2 Blankets** or equivalent patient thermal covering.
10. **2 Burn sheet** - Sterile.
11. **3 Collars, Extrication, Rigid** - of which 2 must be adjustable to small, medium or large size, with the third being pediatric size. Soft Collars are not acceptable.
12. **1 Doppler**
13. **3 Dressings, Surgical** - Minimum 5 inches by 9 inches.
14. 3 Dressings, Universal - 8 inches by 30 inches minimum.
- ~~14.~~ 15. 1 Drug Storage Logbook - Must meet the logbook requirements of Chapter 6 of the Rules
- ~~15.~~ 16. 1 Fire Extinguisher - FAA approved A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis
- ~~16.~~ 17. 2 Flashlights - Battery operated containing at least 2 "D-Cell" size batteries or equivalent. Penlights not acceptable. One must be in the patient compartment.
- ~~17.~~ 18. 10 (Pair) Gloves
- ~~18.~~ 19. 2 (Pair) Goggles, Protective

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19 <u>20</u>	2 Gowns/Overalls - Of adequate material and design to provide a protective barrier against contact with patient's body fluids.
20 <u>21</u>	1 Head Immobilization Device - Any device that may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.
21 <u>22</u>	1 Mask, Pocket -With oxygen inlet and one way valve.
22 <u>23</u>	2 Masks - Surgical type.
23 <u>24</u>	1 Obstetrical Kit - To contain sterile gloves, scalpel or scissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.
24 <u>25</u>	Oxygen System - Comprised of a portable "D" cylinder with regulator and a craft mounted cylinder with regulator with a total volume 2740 liters. Must have 2 each adult and child non-rebreather masks, adult nasal cannulas, and (simple) infant masks.
25 <u>26</u>	2 Pillows
26 <u>27</u>	1 Pulse Oximeter
27 <u>28</u>	Saline, Sterile - Commercially sealed container (s) must total no less than 2000 ml and must not have passed expiration date.
28 <u>29</u>	2 Shears, Trauma
29 <u>30</u>	4 Sheets
30 <u>31</u>	Sphygmomanometers - Adult, large adult, child and infant sizes.
31 <u>32</u>	1 Spinal Immobilization Device, Long - Long spine board or similar device (such as a rigid flight litter) providing adequate spinal immobilization acceptable.
32 <u>33</u>	1 Spinal Immobilization Device, Short - Short spine board, or similar device providing adequate spinal immobilization is acceptable.

- 4320 | ~~33.~~34. **2 Splints** - any type - each being 24 inches in length.
- 4321 |
- 4322 | ~~34.~~35. **1 Splint, Traction** - Adult size.
- 4323 |
- 4324 | ~~35.~~36. **12 Sponges, Sterile** - 4 inches by 4 inches.
- 4325 |
- 4326 | ~~36.~~37. **Stethoscopes** 1-adult, 1-pediatric.
- 4327 |
- 4328 | ~~37.~~38. **3 Straps** – 9 feet in length; 1 ¾ inches minimum width
- 4329 | with buckles. Quick-clip and other commercial straps may
- 4330 | substitute for 3 of the required 6 straps.
- 4331 |
- 4332 | ~~38.~~39. **1 multi-point strap system.**
- 4333 |
- 4334 | ~~39.~~40. **1 Stretcher, Ambulance** - With a minimum 3 inch foam
- 4335 | pad and must have FAA approved latching mechanism to secure
- 4336 | the stretcher during flight. Head must elevate.
- 4337 |
- 4338 | ~~40.~~41. **1 Suction Device** - portable type - capable of providing
- 4339 | pharyngeal suction of at least 11.8 inches mercury (300mm Hg)
- 4340 | within 4 seconds after the suction tube is clamped closed. Unit
- 4341 | must have trap bottle, and be equipped with rigid pharyngeal
- 4342 | suction tip and appropriate catheters.
- 4343 |
- 4344 | ~~41.~~42. **3 Tape, Adhesive** – 1 inch minimum width.
- 4345 |
- 4346 | ~~42.~~43. **1 Thermometer(s)** - Non-glass fever type. Hyperthermic
- 4347 | and hypothermic ranges should be available.
- 4348 |
- 4349 | ~~43.~~44. **4 Towels**, cloth type.
- 4350 |
- 4351 | ~~44.~~45. **2 Vests, - Reflective** - reflective striping on crew member
- 4352 | uniforms and outerwear are acceptable if the reflective striping
- 4353 | provides 360° visibility.
- 4354 |

B. The Advanced Life Support equipment list for scene response air
ambulances follows:

1. 1 each Bougie

- ~~±~~2.1 Cardiac Monitor/ Defibrillator - Capable of pediatric and adult
defibrillation, ~~and~~ cardioversion, pacing, and manually selectable
joule settings, 12 lead ECG monitoring, and paper strip ECG
recordings. Must have one set of pediatric and two sets of adult
monitor defibrillator pads.

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- 4366 | ~~2.~~3.1 **Drug Storage Container** - Must be capable of securing ALS
4367 | drugs in a manner that is consistent with Chapter 6 of these Rules.
4368 |
4369 | ~~3.~~4.1 **each Endotracheal Tube**, Cuffed - Sizes 5.0, 6.0, 7.0, 8.0.
4370 |
4371 | ~~4.~~5.1 **each Endotracheal Tube**, Uncuffed - Sizes 2.5, 3.0, 4.0.
4372 |
4373 | ~~5.~~6.1 **End Tidal CO₂ Monitor** continuous waveform device.
4374 |
4375 |
4376 | ~~6.~~7.1 **Logbook, for the Drug Storage Container** - Must meet the
4377 | logbook requirements of Chapter 6 of the Rules.
4378 |
4379 |
4380 | ~~7.~~8.1 **Forceps, Magill, Large.**
4381 |
4382 | ~~8.~~9.1 **Forceps, Magill, Small.**
4383 |
4384 | ~~9.~~10. **1- Glucometer**
4385 |
4386 | ~~10.~~11. **2 Intraosseous Needles** - 15 ga. or equivalent
4387 |
4388 | ~~11.~~12. **3 Intravenous (IV) Administration Set**, Macro drip.
4389 |
4390 | ~~12.~~13. **4 IV Fluid, Volume Replacement** - to total 4000 ml.
4391 |
4392 | ~~13.~~14. **2 IV Pressure bags**
4393 |
4394 | ~~14.~~15. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20,
4395 | catheter over-the-needle type.
4396 |
4397 | ~~15.~~16. **Laryngoscope Blades** - Sizes 0, 1, 2, 3, 4.
4398 |
4399 | ~~16.~~17. **1 Laryngoscope Handle**
4400 |
4401 | ~~17.~~18. **Periglottic Devices** sizes 1, 1.5, 2, 2.5, 3, 4, 5 or,
4402 | **Transglottic Devices** sizes 2, 2.5, 3, 4, 5.
4403 |
4404 | ~~18.~~19. **1 Sharps Container** - Must be specifically designed for
4405 | needle disposal and be securely attached to prevent spillage.
4406 |
4407 | ~~19.~~20. **1 each Stylet** - Capable of use with ET tubes sizes 2.5 to
4408 | 8.0.
4409 |
4410 | ~~20.~~21. **1 Surgical Airway/Chest Decompression Set** containing:
4411 |

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- 4412 (a) 1 each tracheostomy tube
- 4413 (b) 1 each tracheal retractor
- 4414 (c) 1 each Kelley clamp
- 4415 (d) 6 each sterile 4 inches by 4 inches sterile sponges
- 4416 (e) 2 each #11 scalpel blades
- 4417 (f) 1 each scalpel blade handle
- 4418 (g) 2 each sterile surgical gloves
- 4419 (h) 1 each 10 ml syringe
- 4420 (i) 1 each transtracheal inflation tubing
- 4421 (j) 2 each 14 ga. 2 inch IV catheters
- 4422 (k) 2 each 14 ga. 3.25 inch IV catheters
- 4423 (l) 4 each betadine swabs or any equivalent surgical antiseptic
- 4424 (m) 2 each 20 ml syringes
- 4425 (n) 2 each one way type valve assembly, or Maine EMS approved
- 4426 equivalent.

22. **1 Ventilator** with external continuous waveform end tidal Carbon
Dioxide monitoring.

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§4. **Equipment List for Transfer Air Ambulances**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. **The equipment list for transfer air ambulances follows:**

1. **4 Airways, Oral**
2. **1 Bag Valve Mask, Adult**
3. **1 Bag Valve Mask, Child**
4. **1 Bag Valve Mask, Infant**
5. **4 Bandages, Roller**

6. **2 Blankets**

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~~6.~~ 7. **bougie**

~~7.~~ 8. **1 Cardiac Monitor/ Defibrillator** - Capable of pediatric and adult
defibrillation cardioversion pacing and; manually selectable joule
settings, 12 Lead ECG monitoring, and paper strip ECG

recordings. Must have 1 set of pediatric and 2 sets of adult
monitor defibrillator pads.

~~8.~~9.4 Dressings, Surgical

~~9.~~10. 2 Dressing, Universal

11. 1 Drug Storage Logbook - Must meet the logbook requirements
of Chapter 6 of the Rules

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~~10.~~12. 1 Drug Storage Container - Must be capable of securing
ALS drugs in a manner that is consistent with Chapter 6 of these
Rules.

~~11.~~13. 1 each Endotracheal Tube, Cuffed - Sizes 5.0, 6.0, 7.0,
8.0.

~~12.~~14. 1 each Endotracheal Tube, Uncuffed - Sizes 2.5, 3.0, 4.0.

~~13.~~15. 1 End Tidal CO₂ Monitor, continuous waveform device.

~~14.~~16. 1 Glucometer

~~15.~~17. 6 (Pair) Gloves

~~16.~~18. 2 (Pair) Goggles, Protective

19. 2 Gowns/Overalls

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~~17.~~20. 2 Intravenous (IV) Administration Set, Macro drip.

~~18.~~21. 4 IV Fluid, Volume Replacement - to total 2000 ml.

~~19.~~22. 2 each IV Needle/Catheters - Sizes 14, 16, 18, 20, catheter
over-the-needle type.

~~20.~~23. Laryngoscope Blades, Sizes 0, 1, 2, 3, 4.

~~21.~~24. 2 Laryngoscope Handles

~~22.~~25. 1 Logbook, for the Drug Storage Container - Must meet
the logbook requirements of Chapter 6 of the Rules.

~~23.~~26. 4 Masks - Surgical type.

4503	24. <u>27.</u> 1 Obstetrical Kit
4504	
4505	25. <u>28.</u> Oxygen Equipment - 2 E cylinders or equivalent; 2 flow
4506	meters; 1 adult non-rebreather mask; 1 nasal cannula; and 1
4507	pediatric non-rebreather mask.
4508	
4509	26. <u>29.</u> Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or,
4510	Transglottic Devices sizes 2, 2.5, 3, 4, 5.
4511	
4512	27. <u>30.</u> 1 Pillow
4513	
4514	28. <u>31.</u> 1 Pulse Oximeter
4515	
4516	29. <u>32.</u> Saline, Sterile – 2000 ml total.
4517	
4518	30. <u>33.</u> 1 Sharps Container
4519	
4520	31. <u>34.</u> 1 Shears, Trauma
4521	
4522	32. <u>35.</u> 2 Sheets
4523	
4524	33. <u>36.</u> Sphygmomanometers – Adult, large adult, pediatric and
4525	infant.
4526	
4527	34. <u>37.</u> 4 Sponges, Sterile - 4 inches by 4 inches.
4528	
4529	35. <u>38.</u> Stethoscopes , 1 adult, 1 pediatric.
4530	
4531	36. <u>39.</u> 1 Stretcher, Ambulance - With a minimum 3 inch foam
4532	pad and must have FAA approved latching mechanism to secure
4533	the stretcher during flight. Head must elevate.
4534	
4535	37. <u>40.</u> 1 each Stylet - Capable of use with ET tubes sizes 2.5 to
4536	8.0.
4537	
4538	38. <u>41.</u> 1 Suction Device, portable type - capable of providing
4539	pharyngeal suction of at least 11.8 inches mercury (300mm Hg)
4540	within 4 seconds after the suction tube is clamped closed. Unit
4541	must have trap bottle, and be equipped with rigid pharyngeal
4542	suction tip and appropriate catheters.
4543	
4544	39. <u>42.</u> 1 Surgical Airway/Chest Decompression Set containing:
4545	
4546	(a) 1 tracheostomy tube
4547	(b) 1 tracheal retractor
4548	(c) 1 Kelley clamp

- 4549 (d) 6 sterile 4 inches by 4 inches sterile sponges
4550 (e) 2 #11 scalpel blades
4551 (f) 1 scalpel blade handle
4552 (g) 2 pair, size 7 1/2 sterile surgical gloves
4553 (h) 1 10 ml syringe
4554 (i) 1 transtracheal inflation tubing
4555 (j) 2 14 ga. 2 inch IV catheters
4556 (k) 2 14 ga 3.25 inch IV catheters
4557 (l) 4 betadine swabs or any equivalent surgical antiseptic.
4558 (m) 2 20 ml syringes
4559 (n) 2 one way type valve assemblies, or Maine EMS approved
4560 equivalent.

4561
4562 | ~~40.43.~~ 2 Tape, Adhesive, Roll – 1 inch minimum width.

4563
4564 | ~~41.44.~~ 2 Towels

4565
4566 §5. **Advanced Life Support Equipment List**

- 4567
4568 1. As of August 1, 2004, all medical equipment and medical supplies required in this
4569 section must be natural-rubber latex free.

4570
4571 A. **The Advanced Life Support equipment list for the Advanced Emergency**
4572 **Medical Technician (AEMT) level follows:**

4573
4574 | 1. 1 Cardiac Monitor/Defibrillator – Must be capable of pediatric
4575 and adult defibrillation and cardioversion, manually selectable
4576 joule settings, 12 Lead ECG monitoring, and paper strip
4577 recordings. Must have one set of pediatric and two sets of adult
4578 monitor defibrillator pads.

4579
4580 | ~~1.2.1~~ 2.1 Drug Storage Logbook - Must meet the logbook requirements
4581 of Chapter 6 of the Rules

4582
4583 | ~~2.3.1~~ 3.1 End Tidal Carbon Dioxide Monitor, continuous waveform
4584 device.

4585
4586 | ~~3.4.2~~ 4.2 Intraosseous Needles - 15 ga. or equivalent.

4587
4588 | ~~4.5.3~~ 5.3 Intravenous (IV) Administration Set, Macro drip.

4589
4590 | ~~5.6.1~~ 6.1 IV Administration Set, Microdrip - As needed for medicated
4591 drips, or otherwise locally required.

4592

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4593 | ~~6-7.6~~ **IV Fluid, Volume Replacement** - Total of 6000 ml. Type(s) of
4594 | fluids stocked (e.g. Normal Saline, Lactated Ringers) shall be in
4595 | accordance with the Maine EMS Protocols.

4596 |
4597 | ~~7-8.2~~ **each IV Needle/Catheters** - Sizes 14, 16, 18, 20,22 catheter
4598 | over needle type.

4599 |
4600 | ~~8-9.~~ **Periglottic Devices** sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, **Transglottic**
4601 | **Devices** sizes 2, 2.5, 3, 4, 5.

4602 |
4603 | ~~9-10.~~ **Phlebotomy equipment** - Local/regional dictate.

4604 |
4605 | ~~10-11.~~ **1 Sharps Container** - Must be specifically designed for
4606 | needle disposal and be securely attached to prevent spillage.

4607 |
4608 | B. The Advanced Life Support equipment list for the ~~EMT-Critical Care~~
4609 | Paramedic level includes all of the equipment required at the Advanced
4610 | Emergency Medical Technician (AEMT) level with the addition of the
4611 | following equipment:

4612 |
4613 | 1. 1 each Bougie

4614 |
4615 | 2. 1 Cardiac Monitor/Defibrillator – Must be capable of pediatric
4616 | and adult defibrillation, cardioversion, pacing, manually selectable
4617 | joule settings, 12 Lead ECG monitoring, and paper strip
4618 | recordings. Must have one set of pediatric and two sets of adult
4619 | monitor defibrillator pads

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4620 |
4621 |
4622 | ~~11-3.~~ **IV Fluid, D5W** - As needed for medicated drips.

4623 |
4624 | ~~12-4.~~ **1 each Endotracheal Tube, Cuffed** – Sizes 5.0, 6.0, 7.0,
4625 | 8.0

4626 |
4627 | ~~13-5.~~ **1 each Endotracheal Tube, Uncuffed** 0 Sizes 2.5, 3, 4.

4628 |
4629 | ~~14-6.~~ **1 Forceps, McGill large**

4630 |
4631 | ~~15-7.~~ **1 Forceps, McGill small**

4632 |
4633 |
4634 | ~~16-8.~~ **Laryngoscope Blades** – sizes 0, 1, 2, 3, 4

4635 |
4636 | ~~17-9.~~ **1 Laryngoscope handle**
4637 |

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4638 ~~18. 1 Logbook, for the Drug Storage Container—Must meet the~~
4639 ~~logbook requirements of Chapter 6 of the Rules.~~

4640
4641 10. 1 each stylet capable of use with ET tubes sizes 2.5-8

4642
4643 ~~19.~~

4644
4645 ~~C. The Advanced Life Support equipment list for the Paramedic level~~
4646 ~~includes all of the equipment required at the EMT—Critical Care level~~
4647 ~~with the addition of the following equipment:~~

4648
4649 ~~11.~~ 1 Surgical Airway/Chest Decompression Set containing:

- 4650 (a) 1 tracheostomy tube
4651 (b) 1 tracheal retractor
4652 (c) 1 Kelley clamp
4653 (d) 6 sterile 4 inches by 4 inches sterile sponges
4654 (e) 2 #11 scalpel blades
4655 (f) 1 scalpel blade handle
4656 (g) 2 pair, sterile surgical gloves
4657 (h) 1 10 ml. syringe
4658 (i) 1 transtracheal inflation tubing
4659 (j) 2 14 ga. 2 inch IV catheters
4660 (k) 2 14 ga 3.25 inch IV catheters
4661 (l) 4 betadine swabs or any equivalent surgical antiseptic.
4662 (m) 2 20 ml. syringes
4663 (n) 2 one way type valve assemblies, or Maine EMS approved
4664 equivalent.
4665
4666

4667
4668 **§6. Regional Hospital Frequencies**
4669

4670	Region 1	Southern Maine	155.325
4671			
4672	Region 2	Tri County	155.340
4673			
4674	Region 3	Kennebec Valley	155.400
4675			
4676	Region 4	Northeast	155.355
4677			
4678	Region 5	Aroostook	155.340
4679			
4680	Region 6	Mid-Coast	155.340
4681			
4682	"Statewide Net"		155.385
4683		(Maine EMS mobile-to-mobile)	

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CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES

4684
4685 AUTHORITY: 32 M.R.S.A., Chapter 2-B.
4686
4687 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
4688
4689 AMENDED: April 1, 1982
4690 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
4691 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
4692 11.1067
4693 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
4694 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
4695 September 1, 1986
4696 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
4697 July 1, 1988
4698 March 4, 1992
4699 September 1, 1996
4700 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
4701 REPEALED AND REPLACED: July 1, 2000
4702 July 1, 2003
4703 January 1, 2010
4704 May 1, 2013